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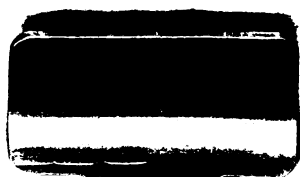
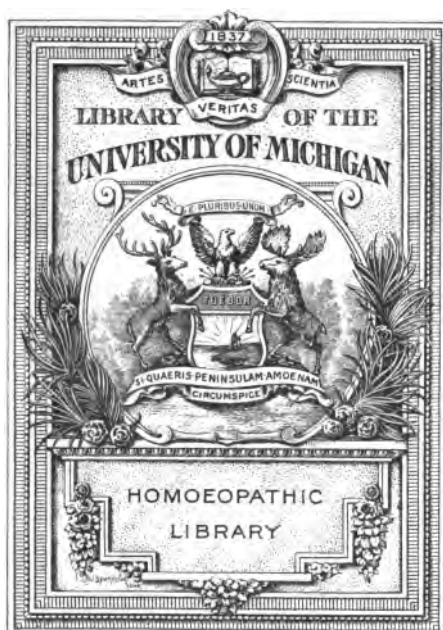
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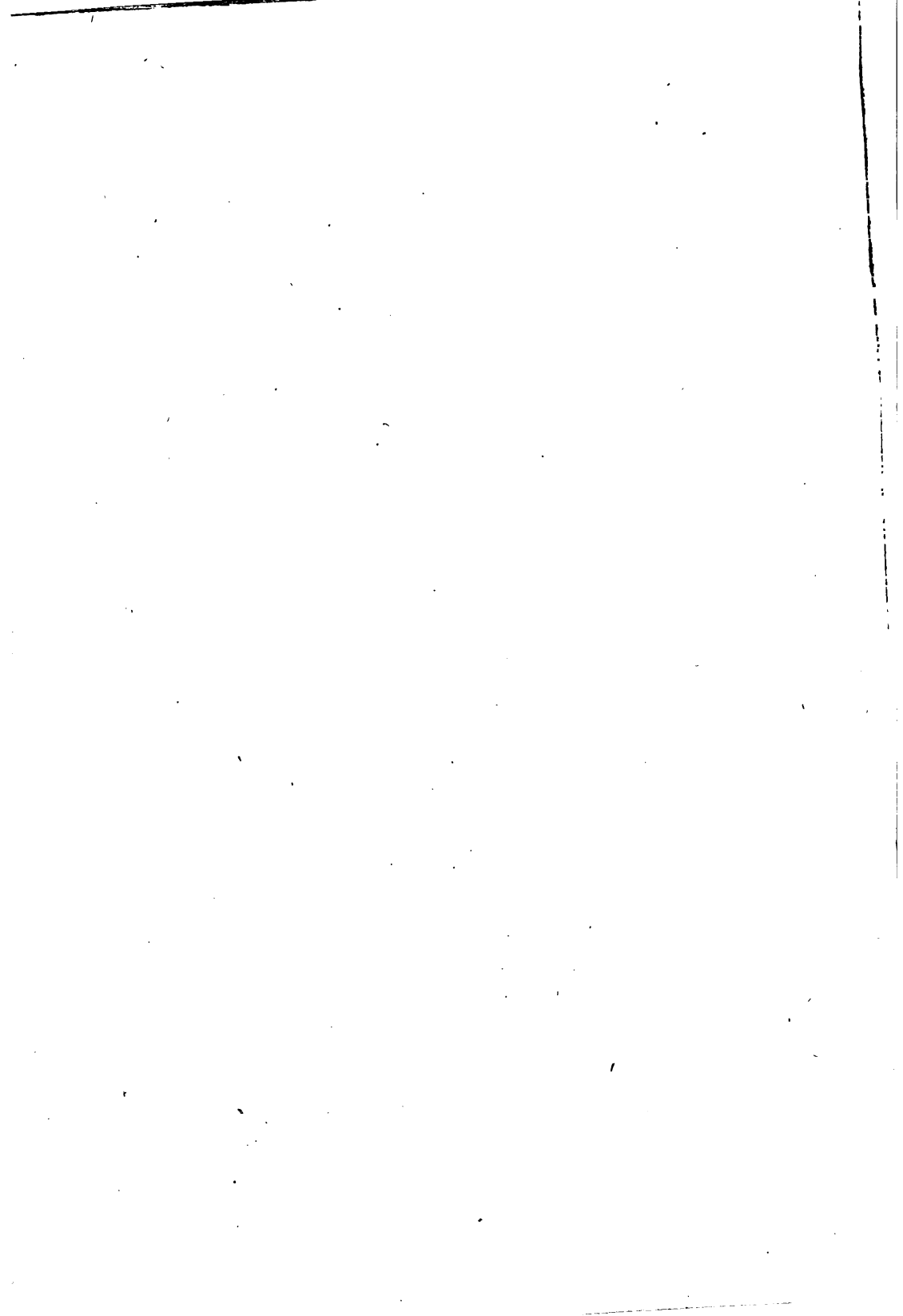
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The
Secrets
of
Specialists

Cover







W. W. Waters

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THE SECRETS
OF
SPECIALISTS

BY

A. DALE COVEY, M. D.

"Prove all things and hold fast that which is good."

FIRST EDITION.

PHYSICIANS SUPPLY COMPANY.
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BY
A. DALE COVEY, M. D.

PREFACE.

In offering this publication to the medical profession it has been the author's aim to unfold the somber robe which has formerly clothed some of the secrets and mysteries connected with the healing art, and present in a convenient form for reference information which is not generally found in medical text books, relating to the different methods of treatment which are successfully used by medical men who style themselves as specialists.

It has been said that "one-half the world knows very little what the other half is doing." It is also said that "there are tricks in all trades." This is particularly so in the practice of medicine, for the regular physician is seldom familiar with the methods which are used and have made fame and fortune for many of the so-called irregular and other specialists.

The object of this book is not only to expose the secret methods used by these medical men and professional promoters who are fleecing the profession by the sale of some secret system with an extra charge for territorial right, but also to offer many suggestions and methods of treatment, and legitimate medical specialties which have exceptional merit, and are indispensable in curing diseases, and establishing and increasing an office practice either for a specialist or general practitioner.

Although this is not an exhaustive treatise, I believe that it fills a vacancy which has long existed, more thoroughly than any other work of its kind ever published, and I only hope that the practical application of many of the methods given will prove to be as successful in other hands as they have in mine.

The compilation of this volume has necessitated the examination of a large amount of medical literature, and a considerable outlay of money investigating the different secret methods used by specialists. While I have no apology to make to the latter, as they were paid in full, I feel under special obligations to the writings of Drs. Andrews, Agnew, Albright, Moll, Cortland, Usher, Shears, Waugh, Scudder, Hammond and others, whose efforts have always been to expose the methods used by the irregular practitioner. I also feel indebted to the *Medical World*, *New Idea*, *Western Druggist*, *Medical Brief*, *Alkaloidal Clinic*, and other medical journals, whose formulae I have used with due credit.

I would be pleased to affiliate with members of the medical profession in weeding out the mysteries which lurk around the practice of medicine, with a view of throwing more light on the subject in future editions of this book. The information here contained has been gained and can only be maintained by a hearty co-operation on the part of the profession, and I hope the same liberal policy will govern our relations in the future as it has in the past.

A. DALE COVEY, M. D.

THE SPECIALIST.

✓ A medical specialist has been defined as a physician or a surgeon who knows something about every disease, and everything about some disease, but we find that this definition is not applicable to all physicians who are in special practice, for we find men at the highest pinnacle of the profession adding the title of specialist to their names, while the caption is also adopted by the boldest kind of an advertising quack. ✓

We therefore find that under the above title we could discuss many types of medical men, but inasmuch as every general practitioner is familiar with the work of the Regular Medical Specialist, we shall first discuss this subject from an advertising and non-ethical standpoint. What is to be said regarding advertising, is to explain the method rather than to encourage the practice.

These specialists might be classed as the itinerant advertising specialist; the local advertising specialist; the special disease advertising specialist; the mail order specialist; the ethical specialist; the office specialist; the observing specialist, etc.

All of these except the ethical and the office specialist are considered irregular practitioners, whose methods we wish to briefly outline. Those who think all advertising physicians are destitute of a sound knowledge of medicine are entertaining an erroneous idea, which should be released as soon as possible. While I must admit that there are a great many advertising physicians who are nothing more than medical ignoramuses, and

are justly entitled to the name "quack," which best identifies them, on the other hand we find among them some of the best therapists we have ever had the pleasure of meeting. These physicians are advertising purely from choice, as they are better remunerated for their services and their labors are not so hard.

Many advanced methods of treatment have originated with the irregular practitioner. Many condemnable, demoralizing influences have also come from the same source. In all other lines of business, if a man makes a discovery he can have it patented and his rights protected, but if a physician holds his special method of treatment a secret, or sells the right to use it, he is at once denounced by the regular physicians.

The estates of Drs. Keeley and Brinkerhoff, and the promoters of the various injection treatments for hernia and other methods, would not have been so large if they had made their treatments publicly known. Fortunately "the tricks of medicine will out," and I doubt if there is a secret in the practice of medicine today which cannot be exposed or duplicated with equal therapeutical results. I shall endeavor to throw some light on the subject in the following pages, but I shall scarcely be able to begin to tell what might be said.

There have been many discussions at medical societies as to the best methods of eliminating the quack, but to my knowledge there has never been any definite decision. My answer to this perplexing question would be, to adopt his methods, whenever they are worthy of recognition.

Advertising physicians are, generally speaking, good financiers and business men. They advertise as specialists for revenue instead of for the honor of practicing medicine. Oftentimes they depend upon their business ability more than on their knowledge of medicine to make a success. At least, I have seen many cases in which their skill was not apparent, even if they possessed any.

Of the advertising specialists I have met, I would say that fifty per cent. of them have a medical educa-

tion equal to that of the average general practitioner. Twenty per cent. have a superior knowledge of certain diseases; the remaining thirty per cent. are far below the average, and why they should class themselves as specialists is beyond my comprehension.

The inducements from a financial standpoint are certainly such as to encourage one to enter the advertising arena, for advertising specialists often receive more money for one day's labor than many physicians do in a year. You may think this is an overdrawn statement, but it is a fact.

I believe that there comes a time in life when a large percentage of physicians feel that they would like to enter the advertising field, but, owing either to a lack of confidence in themselves, or to the fear of being called a quack by their brother practitioners they confine themselves to the code of ethics, and it is well that these objections are considered, for advertising practices are not all sunshine, and they have been the means of ruining both the reputation and financial standing of many a physician.

Many of the most successful advertisers will tell you that if they had their lives to live over again they would prefer the general practice of medicine, wherein they could enjoy the esteem, confidence and respect of their patients and the many social functions of which the advertiser knows very little. I do not mean to say that advertising physicians have no grateful patients, but there is not the same friendly and respectful feeling towards them that there is between the general practitioner and his patients.

THE ITINERANT SPECIALIST.

These specialists travel from town to town and generally plan their circuit so as to make each point either once a month or once in two months. They advertise

either to treat all chronic diseases or else they limit their practice to one or more diseases, such as piles, rupture, etc.

Most of the chronic disease specialists who travel have a deficient knowledge of medicine, and could not make a living if they had a permanent residence. It is rather discouraging for the local physician, who labors night and day for the good of his patients, and does more work for sweet charity's sake than any one else in the community, to read the advertisements of one of these specialists and witness the financial success of his visit, for, no doubt, he has received more cash in his pocket for his day's work than the local practitioner could book in a month.

There seems to be no way to suppress the practice of the itinerants, unless it is done by legislation. The laws of many states are so rigid that it prevents their operations to a certain extent.

The itinerant specialist treats his patients by the month; his charges range from five dollars to as much as he can get for each month's treatment, which, of course, includes all medicine. He always tries to bind them by a contract to take several months' treatment for a certain consideration; for this he takes their notes, which are indorsed by responsible parties. These notes are made payable each month as he visits the city. If possible, he will dispose of the notes at the bank and leave the city with cash on hand.

THE LOCAL ADVERTISING SPECIALIST.

This man advertises either under his own name or under the name of a Medical Institute, or both. His business methods are conducted very much like those of the itinerant. Many of these specialists advertise to treat all diseases in general; others confine their advertising

to eye and ear, throat, nose and lungs, catarrh and catarrhal deafness, hemorrhoids, hernia, etc., but the advertisement most frequently seen in the daily papers is one concerning the diseases of the sexual system.

I once asked a physician, who had had a large experience in advertising and treating all general diseases, why he finally confined his advertising to treatment of diseases of the sexual organs. He replied that in his experience he has found that people would pay more money for the treatment of diseases in that part of their anatomy than in any other. He also stated that if he had a patient who was suffering with both consumption and impotency he would be requested to cure him of impotency first.

There is a world of truth in what he said, for people will neglect every other disease longer than they will any disorder of the sexual system. Another reason which makes sexual diseases a profitable specialty is, that most people do not care to consult their family physician in such matters, and, seeing the advertisement of a specialist, will drift into his hands.

Many of these specialists endeavor to advertise in a modest way, but the majority are bold and offensive, for the louder they shout the more victims they will secure. Their advertisements are often decidedly misleading, with bold headlines of "Free until Cured," "One Month Treatment free," etc. Such advertisements are, of course, only to get the patient to call at the office and the process of landing them is an easy one, for instead of giving them one month treatment free, they tell the patient that they only offer their services free, but they will expect the patient to pay for the medicine for which they will only charge from five to fifty dollars a month. Their medicines are, of course, very expensive(?). They also issue circulars depicting the despairing future of the masturbator. These are illustrated with pictures of a brainless child born of a masturbator, or a half-naked man behind the bars, made insane by self-abuse.

No words can tell the demoralizing influence that such publications have on the half-educated youth who gets hold of them. They are led to believe if they

have one or two emissions a month they are afflicted with some incurable disease. It is this state of mind that is desired by the advertisers, for the more morbidness and despair, the more money in their pockets. This systematized method of attempting to create disease and to fatten on the distress of their victims is the foulest possible prostitution of medicine.

This class of physicians also treat syphilis, gonorrhœa, and other venereal diseases. When business gets a little dull they buy a list of letters from some mail order man who is in the same business, and get a new list of patients. They often exchange names in order that each may work the discarded or discontented patients of the other and thus keep the machinery running. Some of the methods of treatment used by these specialists will be discussed in the chapter on genito-urinary diseases.

THE SPECIAL DISEASE SPECIALIST.

✓ We find that these men are of a more refined nature, and generally very skillful in the special branch of medicine or surgery which they are practicing. They are entitled in every sense of the word to be called specialists. They are conscientious and are interested in the welfare of their patients; they believe that their methods of treatment are the best and they demonstrate in many cases that they are. Under this class we find rectal, hernia, diseases of the stomach, cancer and other specialists, many of whom would be shining lights in the medical fraternity if it were not for their advertising, which is devoid, however, of objectionable matter. ✓ Whether or not advertising by such men should be allowed by the medical profession, I am not in a position to say, but it seems to me that if a man devotes his time in perfecting a treatment for some special disease, which his brother

practitioner has failed to cure or recognizes as incurable, he should for the sake of humanity let the world know it, and the easiest way is through printer's ink, unless he teaches his method to the profession, the members of which often do not care to spend the time to learn.

This has been illustrated hundreds of times by rectal, hernia, and cancer specialists. I have seen many patients with cancer and hernia cured by these specialists, who were offered little or no encouragement from their family physician.

In the following pages we shall give several methods which are worthy of adopting in your practice, and by making use of them you will receive large financial returns.

THE MAIL-ORDER SPECIALIST.

✓ Most physicians have very little conception of the amount of business done by the mail-order specialist. Up to a few years ago, if any one had told you that he could establish a large medical practice through the mail, you would have thought that he was a fit subject for the lunatic asylum; but at the present time there are hundreds of thousands of dollars spent every year in advertising, and many more thousands of dollars received by the advertisers.

There are about one hundred and seventy periodicals published for the sole convenience of the advertisers. These are called Mail Order Journals or Magazines. The rates for advertising in these publications range all the way from ten cents to six dollars a line. A four-line advertisement inserted once in the entire list, would cost \$529.20.

This will give you an idea of the enormous amount of money that can be spent in advertising. A four-line advertisement is the smallest space some papers will allow you to take.

✓

A Mail Order Medical Specialist who uses only from two to four inches of space each month is considered rather a small advertiser, although he is paying \$2,272.20 each month for his advertising; if he uses the entire list. There are many specialists who appropriate \$100,000.00 each year for their advertising.

By advertising in the so-called Mail Order Journals, you reach patients in the most remote parts of the country. You will have no idea from what country you may receive a reply from your advertisement. You may receive letters from Australia, Japan or Iceland, or from a mining or logging camp, which is many miles from the nearest railroad. On the other hand, you may receive a reply from your own or from a distant city. Of all the marketing businesses, the mail order business is the most fascinating, for when one once gets into it, it is hard for him to get out.

✓ The specialists who are following the mail order industry generally confine their practice to one disease or to one remedy and advertise a specific treatment for Kidney complaint, Rheumatism, Catarrh, Obesity, Deafness, Diseases of the Eye, Impotency, Female Complaints, Consumption, Asthma, Epilepsy, etc.

The remedies for the cure of these diseases are generally first furnished to the patient in the way of free samples. If the remedy has any merit, the patient is quite sure to order a supply. In this way he is induced to continue the treatment for several months.

There are two important things to be considered in remedies to be sent through the mail. They should possess a certain degree of merit, and should contain few or no poisonous ingredients; but this rule is not always adhered to, as will be seen by the formulas which are to follow.

The physician who treats all chronic diseases, supplies his patients with question blanks which the patient can fill out and send to the doctor, together with a description of his case in his own language. The physician may then prepare any treatment he deems the case requires. The fees for such treatments are from one to

ten or more dollars a month. Mail order specialists generally treat their patients by the month, as do other advertising specialists. ✓

Mail order patients should be treated with the same integrity and respect as local patients, and, under all circumstances the specialist should endeavor to hold the esteem and good-will of his patients. If a patient should write a tart, pointed, or impudent letter, it should never be answered by one of the same character, although the specialist may feel justified in doing so. No good can be accomplished from such correspondence, and much harm is often done. If one can succeed in holding the confidence of his patient and the treatment benefits him, he is sure to send other patients, but if the treatment is absolutely worthless, he will not hesitate to denounce it as a fraud. This is oftentimes done very unjustly, for no physician can expect as great a number of cures in a mail order practice as he can in patients who are constantly under his observation.

Although there are several preparations given throughout this book which have or can be used in mail order practice, I will add several more which have come to my notice and which can be used successfully by the general practitioner.

ASTHMA.

Remedies for this distressing disease have always found a steady and increasing sale. I know of one gentleman who has made a large fortune through the sale of the following Asthma cure, which is compounded after the formula of Dr. Covert. The formula is a good one and has been published in several Medical Journals:

R	Iodide of ammonium.....	2 dr.
	Fl. ext. grindelia robusta.....	4 dr.
	Fl. ext. glycyrrhiza.....	4 dr.
	Tinct. lobelia.....	2 dr.
	Tinct. belladonna.....	2 dr.
	Syr. Tolu.....	q. s. ad. 4 oz.

Dose—Teaspoonful three times a day; extra doses during a paroxysm.

CONSUMPTION CURE.

The Slocum system of treatment for consumption has established quite a reputation, and the company is among the largest of mail-order advertisers. I sent for a sample of their preparations, which consist of a bottle of Psychine, Ozomulsion, Coltsfoot Expectorant and Ozojell.

The Ozomulsion is about a twenty per cent. cod liver oil emulsion with the addition of guaiacol. Psychine, the "greatest of all tonics," is a decoction of nux vomica and cinnamon, which is to be taken in a wine-glass full of whiskey before each meal to build up the appetite. The Coltsfoot Expectorant is a preparation very much resembling Ayer's Cherry Pectoral, given on another page. This treatment will cost from five dollars to ten dollars a month.

RHEUMATISM CURE.

These are also freely advertised and the patient liberally sampled. A gentlemen who had the management of a large mail-order Rheumatism Cure Co., said that they only used one drug and that was prepared as follows in large quantities:

R Ammonium chloride.....160 gr.
Aromatic elix.....q. s. ad. 1 oz.

Mix.—A teaspoonful from three to six times a day.

Each teaspoonful of the above mixture represents twenty grains of ammonium chloride, and it is often surprising to note the influence which this drug has in controlling muscular rheumatism. The cheapness of the drug makes it a very profitable remedy to handle, and it is a preparation that will establish a reputation upon its own merits, as the thousands of testimonials which this company possesses will attest.

EPILEPSY.

"I cure fits" is a headline seen in all mail-order publications, and several men have accumulated large estates by selling remedies for fits. A very convenient and profitable remedy for epilepsy and the neuroses is hydrocyanate of iron. Although this remedy has been used by a few physicians for several years, it has never gained the confidence of the profession which it fully deserves. It will seldom disappoint reasonable expectations and has the advantage for mail-order purposes that it can be dispensed in pill form, each pill composed of the following:

℞ Hydrocyanate of iron..... 1 gr.
 Extract hyoscyamus..... $\frac{1}{2}$ gr.
 Powdered valerian (English)..... 2 gr.

Sig. A pill morning and night, gradually increasing.

HEART DISEASE.

The frequency of diseases of the heart has created a demand for a "heart cure." The accompanying formula is used by one firm and I am told that they have the tablets manufactured in car-load lots. The formula is an old one and extensively used by the medical profession. Each tablet represents:

℞ Glonoin 1-100 gr.
 Tinct. strophanthus..... 2 min.
 Tinct. digitalis..... 2 min.
 Tinct. belladonna..... $\frac{1}{2}$ min.

STOMACH DISEASES.

A physician who has a large local and mail order practice and advertises as a stomach specialist, claims he can cure ninety per cent. of all cases of dyspepsia by confining his patient to a raw or very slightly cooked beef

diet. In connection with this diet, his favorite stomach or digestive tablet is as follows:

℞ Pepsin	1 gr.
Sulphite of soda.....	2 gr.
Resorcin	2 gr.
Charcoal	2 gr.
Capsicum	$\frac{1}{4}$ gr.
Nux vomica.....	$\frac{1}{6}$ gr.

This treatment is certainly a very successful one and the raw meat diet should never be overlooked in treating stomach diseases, as it has a very soothing influence on the stomach when it is in an irritable or a diseased state.

ENURESIS.

A western physician has extensively advertised a cure for "bed wetting," which is put up in tablet form according to this formula:

℞ Atropine	1-120 gr.
Santonin	$\frac{1}{4}$ gr.
Rus aromatica.....	5 gr.

The directions which accompany the treatment instruct children to retain their urine as long as possible during the day and not to drink any liquid for two hours before going to bed.

CANDY CARTHARTIC.

The following formula makes a preparation very much like Cascarets, which has had a remarkable sale:

℞ Powd. ext. senna.....	1 oz.
Powd. ext. cascara sagrada.....	1 oz.
Powd. ext. licorice.....	2 oz.
Powd. sugar.....	2 oz.
Oil anise.....	2 dr.
Oil wintergreen.....	2 dr.
Aqua	q. s.

Mix the first six remedies and add sufficient water to make a paste, then divide into tablets of thirty grains each.

DISEASES OF THE EYE.

The oculist has been somewhat handicapped in treating mail-order patients until *Cineraria Maritima* was introduced as a solvent for cataract. This remedy has proven to be a panacea for them in treating blindness and all other diseases of the eye, which, together with the fitting of glasses, makes a very profitable industry.

OBESITY.

Pills for reducing weight have found a great demand. These pills are made from the active principles of the *phytolacca* berry and bladder wrack, and put on the market under different names.

THE OBSERVING SPECIALIST.

DIAGNOSING DISEASES WITHOUT ASKING ANY QUESTIONS.

This is a new feature which is being introduced by many advertising specialists and, although this method cannot be applied to all cases, it is surprising to note how often they will hit the nail on the head.

I had occasion recently to visit one of those physicians for the purpose of learning his secret if possible, and was somewhat surprised at the accuracy in which he would often describe symptoms, and the weight it had in gaining the confidence of the patients, which is a very important feature from a financial standpoint. People generally think that if a physician can tell their ailments without asking any questions he must be a healer of wonderful skill and ability.

This physician had charge of one of the largest medical and surgical institutes in our country, which afforded him an opportunity to examine from twenty to seventy-

five patients a day, and after watching him take cases, I am thoroughly convinced that the face will map out many diseases and the physician, who is the least observing and familiar with the symptoms of disease, can tell many of them by studying the physiognomy of his patients.

The expression and the color of the face, temperament, the carriage of the body, conversation, breathing, eye, the pulse, tongue, and, last, but not least, the occupation, are the principal things upon which these "physiognomy diagnostitions" locate disease.

There are only three questions which are asked the patient, namely: To see the tongue, his age, and his occupation.

During my stay with this physician I watched him take many interesting cases, and I think it will be of sufficient interest to outline the ones which are quite familiar to every physician.

The first patient was a gentleman, forty-six years old, who entered the consulting room rather slowly and took a seat. There was an expression of melancholy on his face; he looked sad and friendless; the skin and complexion was slightly yellow, but not decidedly noticeable; the doctor looked at his tongue, which had a brown coat, and told him he had disease of the liver; a feeling of fullness in the right side, laying his hand on the right hypochondriac region; he also told him that he had a pain under the right shoulder blade; at times would feel drowsy; had no ambition; the urine at times was scanty and high-colored; was troubled with indigestion. He also mentioned other symptoms which are generally associated with diseases of the liver. In this case you will see that his diagnosis was founded upon the color of the skin, the general torpidness of the body and the coating of the tongue.

The next case was still less difficult. A young lady eighteen years old, whose face at once would explain her symptoms, for she had a pronounced case of anaemia. The doctor immediately told her that her disease was due to lack of red blood corpuscles in the blood; that her

menstrual periods were scanty and irregular; that her heart would palpitate on the least exertion; that she would get dizzy when rising from a recumbent position, etc.

The next patient was a lady thirty-seven years old, mother of four children; was nearly as pale and anaemic as the former patient. The doctor examined her carefully and told her that she was suffering with female trouble; that her menses were too profuse and appeared oftener than they should; that this excessive loss of blood would not allow her body the proper nourishment, and at times she was extremely nervous and irritable; and also that her digestive organs were feeble, due to lack of nourishment from the excessive loss of blood, and that like the former anaemic patient, she had palpitation of the heart, faintness, etc., all of which she admitted to be true.

After this patient was dismissed, I asked the doctor why he should diagnose her disease as originating in the female organs. He discussed the temperament of the patient; the tissues of the body were sleazy in texture and would readily yield to the congestion in the parts during the menstruation, and owing to this excessive loss of blood would naturally bring other organs into sympathetic suffering.

The next patient was a man, fifty-one years old, who apparently seemed to be enjoying the best of health, but, after examining the tongue, he was immediately told that he had dyspepsia. The tongue had a heavy white coat, which indicated that an excessive amount of acid was being secreted by the stomach and that he would have sour eruptions, heart-burn, occasionally, pain in the pit of the stomach and soreness on pressure, etc.

In this case it was plain to see that the tongue told the story.

The next case was a man sixty-one years old, with rather a plethoric temperament. After the doctor felt of his pulse, he at once advised him that he had a valvular disease of the heart. He called my attention to the receding pulse which was particularly characteristic with

its forcible impulse, which rapidly declined; the so-called "water-hammer" pulse. The blood vessels throughout the body would pulsate so that they were visible to the eye. The use of the stethoscope showed plainly that the patient was suffering with aortic regurgitation.

The above only illustrate a small number of cases met with and, although he made many failures, he was reasonably successful in the majority of cases. I have seen him locate diseased organs by finding a sore spot on the spinal column, and relieve pain by making pressure on this spot and desensitizing the nerve supply, which is the method used by the osteopaths. He would locate rectal diseases by the position which the patient sits in the chair. Kidney troubles can also be located by the condition of the eye, and the desire of the patient to press the small of his back upon some hard substance. The color of the skin will point out diseases of the blood and liver; the character of a cough will locate diseases of the throat, bronchial tubes or lungs by its volume.

Acna rosacea is not always due to the use of alcohol, but is frequently associated with diseases of the stomach and bowels. Falling out of hair is also connected with diseases of the kidneys. Masturbators and those who indulge in sexual excesses can often be identified by the sheepish expression of their faces. Notched teeth are often a symptom of hereditary syphilis, etc.

The late Dr. J. K. Scudder, of Cincinnati, was among the first to call attention to the different coatings of the tongue and their relation to diseases of the stomach, bowels and blood. The doctor says, "If the tongue is heavily coated at its base with a yellowish white fur, we know that there are morbid accumulations in the stomach. If the tongue is uniformly coated from base to tip with a yellowish fur, rather full, and moist, we have the history of atony of the small intestines. If the tongue is elongated and pointed, red at tip and edges, papillae elongated and red, we have evidence of irritations of the stomach with deterioration of the blood.

"Again, we have a tongue that might be designated as 'slick.' It is variously colored, but it looks as if a

fly should light on it he would slip up and break his neck. It is evidence of a want of functional power, not only of the stomach and the bowels, but of all parts supplied by the sympathetic nerves.

"The tongue tells us of acidity and alkalinity of the blood in language so plain that it cannot be mistaken. The pallid tongue with white fur is an index of acidity of the stomach and blood, and it is surprising to note how rapidly these conditions can be cured by the use of sulphite of soda. A deep red tongue indicates alkalinity and is readily cured by the employment of an acid.

"Impoverishment of the blood (sepsis) is indicated by a dirty dark colored fur, and requires a treatment that will antagonize this septic process."

You will notice that this "unruly member" alone tells us a good deal and by careful study might tell us more. It is with these objective and semi-objective symptoms, together with the senses of touch, that these specialists become familiar and use as a foundation for their diagnosis. Although I have only given you a rough sketch of the subject and present this article only as good material for thought, hoping that it may prove of some assistance to you in locating diseases by observation.

THE ETHICAL SPECIALIST.

We find that medical men, even of this description, often like to see their names in print, which will react to a financial advantage on their part, but these men differ from the regular advertisers inasmuch as they do not pay for their advertising. There is hardly an edition of a local paper that does not contain an account of the discovery of some physician or the dexterity of some surgeon in a certain operation.

The detailed copy was, no doubt, handed to the editor by the physician himself, with a request that it should

be printed. This is, of course, profitable advertising for the practitioner, but the editor is led to believe that the article was written for the advancement of science.

This is well illustrated in the world-wide advertising which Profs. Koch and Brown-Sequard have received out of their consumption lymph and the "elixir of life." Although they were only scientific bubbles, the advertising these gentlemen received has had much to do in bringing their names before the public.

In smaller towns local items of births, fractures, etc., are handed to the editor with the name of the doctor attached as being the attending physician. This is a very judicious way of advertising.

I remember once meeting a young physician, who had just located in a small city, who was called to adjust a fracture. The papers wished to encourage the young man and devoted a half column to praising his success. He afterwards told me that the editorial was instrumental in placing several cases of fracture in his hands that year.

Accoucheurs have also established a large obstetric practice by having their names published in connection with births.

The mention of a physician's name in connection with any case, medical or surgical, will be of more or less advantage to the physician and is considered legitimate advertising. There are two things to be avoided, however. Be sure that the case you are treating is out of danger, and never allow your business card to appear under that of an undertaker.

THE OFFICE SPECIALIST.

I fully realize that most physicians do not care to advertise, and, as I have stated before, I do not wish to be understood as advocating the practice, but, owing to the purpose of this book, I thought that it would not be out

of place to briefly outline some of the methods of advertising, which are in use at the present day. We have now come to a point when we can consider one of the most greatly neglected features of a general practitioner's work—office practice. Inasmuch as a large part of the methods of treatment given on the following pages are applicable to office practice, I want to suggest, if possible, a means whereby they can be used to the best advantage from a financial and therapeutical standpoint, and in a way which will advertise itself, which is always the best, for "By their works, ye shall know them."

"Many general practitioners who are enjoying an income of from two to four thousand dollars a year, have offices which look more like junk-shops than a physician's office. Their entire office equipment would not invoice at more than one or two hundred dollars. If they enjoy this method of conducting their business, I have no objection, but I have often observed that the physician who has a well furnished and equipped office is the one who gets the cream of the office practice, which he justly deserves. He is also more successful in the treatment of diseases, for he has every modern appliance at his hand for the benefit of his patients.

If a physician were to enter any commercial business one thousand dollars would be considered very small capital to commence with, and yet, by appropriating this amount for the purpose of an equipment which will assist him in his life work, he can have nearly every modern appliance and be better able to meet the demands of the public, than the physician who confines his stock in trade within the walls of his cranium.

I have seen this plan of properly equipping offices carried out on four different occasions. It was done largely to ascertain, if possible, whether or not the plan would be sufficiently remunerative to justify the physician in making the extra expenditure, and it was a decided success in every instance. Three of the offices were conducted in the physician's own name, the other was called the Red Cross Sanitarium. All of the physicians had been residents of the cities for some time

previous and were enjoying a large practice, but they wished to retire from general practice and devote their time to office specialties.

It requires considerable room to operate offices of this kind and a good, modern, centrally located residence or flat over some store will be best suited for the purpose. The smallest of these offices contained a reception room, consultation room, operating room, electrical room and bath room. General office furniture, such as carpets, chairs, desks, etc., will cost about one hundred and fifty



The above cut illustrates THE PHYSICIANS' SUPPLY CO'S IMPROVED OPERATING TABLE.

This table is made of oak, highly polished, and fills all the requirements of a physician's operating table or chair. Both ends can be raised or lowered independently, at any desired angle. It is provided with an extension, sliding out from either side, convenient for holding the arm or instruments during an operation. It has two stirrups, which can be adjusted to any length and concealed when not in use.

As an economical (Price \$10.00) and desirable piece of office furniture it is doubtful if the table can be excelled.

dollars. The furniture and appliances for the operating room, including a surgical chair or table, nebulizer and compressed air apparatus, instrument case, etc., will cost about one hundred and fifty dollars. The electrical treatment room should have a static machine, an X-ray outfit and a galvanic and faradic battery. These will cost in the neighborhood of two hundred and fifty or three

hundred dollars. This is for the best machines and you should avoid securing cheaper ones. You can allow two hundred dollars for equipping the bath room, which will include all the modern bath apparatus. The balance of the thousand dollars can be used in the purchase of instruments, drugs, etc. This will give you a decidedly modern and up-to-date office, and I dare say that there is not another office anywhere near you which is prepared to offer the treatment for diseases that you can supply. The bathroom should be arranged into different apartments and should have a lady and gentleman attendant. They need not be in constant attendance, for baths are generally given by appointment. The price of a vapor, medicated or alcohol bath is generally one dollar, and of this the attendant gets from twenty-five to fifty cents. The attendant should have some knowledge of massage treatment, Swedish movements, etc., which can be easily obtained by securing some works on the subject. One might think that there is no profit in baths, but I wish to say that it is all profit, as one of these offices referred to netted over nineteen hundred dollars the first year from the baths alone, for there was no other place in the city where the same baths could be obtained.

I know of no other field which will yield as large and as rich a harvest for the physician as a well equipped office like the one just outlined, which in reality is a small sanitarium, and offers all treatments given at these health resorts. It is sure to be a success, but in selecting a location a city of five thousand people or more should be chosen.

"Go to the pillow of disease
When night brings no repose,
And on the cheek where sickness preys
Bid health to plant a rose."

THE ALCOHOL AND DRUG HABIT SPECIALIST.

What are the factors which predispose certain individuals to the excessive use of liquor, while others do not care to use it at all? This is a question that has never been satisfactorily answered. I believe that certain individuals are born drunkards, just as I believe that others are born thieves, and there are children born every day cursed in their mother's womb by the dissipation of one or both parents. Bad company and poor literature contribute, perhaps, more towards the development of the drink habit than any other cause. A man with a timid disposition often thinks he is better able to combat with the world if he imbibes freely of the amber-colored liquid, while a man with an unevenly balanced mind believes he can be made more worldly if he flushes his stomach with the fiery fluid. A poor man feels rich if he is in a state of semi-intoxication, and especially so if he is in a glittering bar-room with company in a similar state. Finally, the intoxication increases, stupor comes on, and after this has worn off in the morning comes thirst, misery, headache, tremor and nervous irritability. Again he seeks relief by the usual "eye opener," and again he keeps his jaded nervous system stimulated during the day until outraged nature rebels, and his stomach will no longer retain the poison, and the disordered brain and nervous system are on the border of

collapse unless rest or medical aid will restore him to the normal, and compel him to leave alcoholic liquors alone for a few weeks or months. This is the history of the average periodical drinker.

There is another class of men whom we generally find in active business who do not intoxicate themselves to the extent just described, but who consume a large amount of liquor every day and keep it up for years, without much apparent injury, but by carefully watching these subjects, we find that they finally die from some disease for which alcohol is responsible. Possibly the heart may become exhausted or the liver or the kidneys give out, or the weakened blood vessels at some point of the brain will yield and apoplexy result.

There is another class of men who may properly be called degenerates. These individuals are certainly physically and mentally weak, and, if allowed, will consume as much liquor as they can get their hands on. They wish to keep in a state of intoxication all the time, until they are finally taken to the prison or madhouse or wear out the lives of their most devoted friends.

From so high authority as Sir William Roberts we find in his excellent little work on "Diet and Digestion," that tea, coffee, tobacco and alcohol have been beneficial in strengthening both the muscles and the brains of Americans. He argues that this is one of the reasons why we have outstripped our eastern brethren in civilization and intellectual attainments. If such be the case, we have bought our civilization and our intelligence at an enormous expense.

There has been much discussion in medical literature as to whether the excessive use of alcohol is a disease or a habit. I am inclined to think that it is both, and that it may be either hereditary or acquired. If a man goes on an occasional spree and has no particular taste or craving for liquors, we may say that he has a habit. If he has an uncontrollable appetite for alcohol and feels that he cannot exist without the stimulant, we must admit that it is a disease, for there are certain pathological changes which take place in his nervous system.

Whether or not alcohol may be used without being abused is too broad a question to be discussed here, but we all know that it is a dangerous companion with which to associate, and we may live longer and better lives if we disinherit this king of many crimes.

HOW TO ADMIT PATIENTS FOR TREATMENT.

When a person applies for treatment for alcoholism he is generally in a state of intoxication; he wants sympathy and a friend. Possibly he has been called a drunken cur and a brute, and from time to time has drowned his sorrows in the cup, which has made matters worse.

Any man of ordinary intelligence knows right from wrong, and by explaining to him the evil effects of his habits and how his dissipation has reflected upon himself and family; how he and his have been shunned by society; how his noble and faithful wife has patiently waited for the time to come when he would abandon the evil habit and become the same kind father, brother or son that he once was. She has, no doubt, many times knelt in prayer, and implored the Divine Giver of Life to shield her loved one from this terrible curse. Have your patient to understand that he is able to live a different and a better life and that he has applied to you for the purpose of having you cure him of an uncontrollable disease, alcoholism, and when he has completed his treatment, he will return to his loved ones a much different man. But in order to be successful, he must avoid his former associates and places where liquor is sold, and in order that the treatment may be properly carried out, you must have his fullest co-operation.

THE TREATMENT.

As stated before, patients will usually apply for treatment when they are intoxicated, and this is generally the best way to receive them, but the physician will often find that there are many things which will require his immediate attention. The patient's stomach may be so weak that it cannot tolerate solid food. In such cases, we find milk or invalids' food the best diet. If he is on the verge of delirium tremens, he needs nature's sweet restorative—sleep—which can be obtained by fifteen grains each of bromide of potassium and hydrate of chloral repeated as required.

He may be in a state of melancholy and a kind word will give him much encouragement. His brain, liver and kidneys may be congested, and may require specific treatment, so we find that the preliminary treatment should consist of proper nutrition, rest, kind suggestions and elimination.

Patients have been educated by the former founders of the so-called Gold Cure Institutes to believe that they may have all the liquor they require. Thus, we may find it necessary to carry out our treatment on the same plan, or the patient will think your treatment an inferior one. Therefore, after giving the above conditions the attention they require, give the patient a four-ounce bottle of whiskey and tell him to see how long he can make that last. I also instruct him that he is not to enter any place where liquor is sold and not to take any intoxicating liquors except those which he receives from me. At night he should take a hot bath and two drachms of phosphate of soda or perhaps a full dose of calomel. This will relieve the congestion of the liver and bowels and remove all foreign matter.

In order that the reader may know the value of the different methods of treatment, I will give the formulae of several which I have used and which may be properly called curative agents. You, of course, can judge for

yourself as to their adaptability in different cases and their relative merits.

The first treatment I ever used was that known as the Dunlap Cure, which is approximately the same treatment, somewhat modified, as that used by Dr. Gray, the formulae of which were made public through the efforts of Dr. Andrews, of Chicago; and it is my belief that this treatment is quite as good as any in use at the present time.

I commence giving the patient hypodermically:

R Gold and sodium chloride.....4 gr.
Aqua. dis.....I oz.

M. Sig. Inject five to ten minims at six and eleven-thirty a. m., and at six p. m. Each ten minims represents one-twentieth grain of the chloride of gold and sodium.

I also give the following internally:

R Atropine $\frac{1}{4}$ gr.
Strychnine nitrate.....I gr.
Tinct. capsicum.....2 dr.
F. E. erythroxylon coca.....I oz.
F. E. avena sativa.....I oz.
Compound F. E. cinchona.....3 oz.
GlycerineI oz.
Aqua dis.....I oz.

Mix. Sig. A teaspoonful every two hours while awake.

After the patient has taken this treatment for a few days, he generally loses his desire for liquor and discontinues its use, but the treatment should be continued for a period of three or four weeks. On the other hand, we occasionally find a patient who thinks he is overly-wise and can "beat the cure." These patients are generally of the lower classes and will drink, drink, and drink until compelled to stop. They are easily managed, however, and it is rather amusing to see how quickly

you can relieve their minds of these erroneous ideas. After a patient has been taking the treatment a few days and you feel that he is fighting the treatment, when the time comes for the hypodermic injection, give him an extra large drink of whiskey. Have him secure it at the drug store, so that he will not think you have doctored it, and instead of the regular injection, give him one-tenth grain of apomorphine. This, of course, will make him sick at his stomach and vomit. In nine cases out of ten you cannot get him to touch liquor any more, but once in a while a patient will attempt to drink again. I remember once giving a patient seventeen of these injections before I could conquer him.

Apomorphine and the "sickening process" have always formed one of the "trade secrets" of the different gold-cure institutes, and I believe that apomorphine is one of the most valuable drugs we have as an emergency treatment in the cure of alcoholism, as it makes you master of the situation, and at the same time, impresses the patient with the fact that the treatment you are giving is a complete antidote to alcohol, and that the two can not be taken at the same time. You will also find that some patients before quitting the treatment wish to see if they can take a drink of liquor, to learn whether or not the cure has been complete. In many cases I have requested them to drink and then given them an injection of apomorphine at the same time. This satisfies them, in the extreme. This might be condemned by some as an unprincipled and injudicious practice, but, such as it is, it is effective and curative and I believe that there is a larger percentage of cures in those who have undergone the sickening process at least once while taking treatment than in those who have not.

This is what is known at most gold-cure institutes as the "barber pole shot." They have three solutions for injecting, labeled number one, two and three. Number one is white and contains a solution of nitrate of strychnine; number two contains gold and sodium and is colored red; number three contains the apomorphine, which if mixed with water will turn a bluish green, hence, by

taking medicine from each bottle, we get the red, white and blue.

I can see no especial advantage in treating alcoholism by the use of the hypodermic, except that you have patients under your immediate control by the use of apomorphine, which is much better than an emetic given in whiskey, and is not so easily detected. Although many cases do not require an emetic, it would be almost impossible to cure some people without its use.

The combined treatment which I have just outlined is the one that I prefer for the general class of patients and it will establish as great a number of cures as any treatment in present use. It can be used in either private a sanitarium practice with equal success.

The following treatment is what is known as the

MARVELLA CURE.

This is very similar to the numerous treatments which are extensively advertised to the medical profession under different names. The following formula is called:

MARVELLA ALCOHOLIC SPECIFIC NO. 2.

Formula A.

R	Hyoscine	1-20 gr.
	Strychnine nitrate.....	1 gr.
	Tincture of hydrastis.....	2½ oz.
	Tincture of valerian.....	2½ oz.
	Tincture of capsicum.....	½ oz.
	Tincture of cinchona comp...q. s. ad.	8 oz.

Mix. Sig. Two teaspoonsful every four to six hours.

After taking this treatment for a few days, the patient will take much less liquor than was his custom and his general health will be very much improved, when you may commence the hypodermic treatment, which is as follows:

Formula B.

R Hyoscine hydrobromate.....1 gr.
Sol. boracic acid (2 per cent).....2 oz.

Mix. Sig. Five to ten minims hypodermically.

DIRECTIONS FOR USE.

The patient is instructed to take two drachms of formula A for a few days until the desire for liquor is somewhat lessened, and then to commence the use of formula B. At intervals of three or four hours, after the patient has taken this treatment four or five days, ask him if he still has a desire for liquor. If he answers "yes," continue the treatment longer or else cut it short by the apomorphine injections until he does not care for it, then continue the use of formula A. I have used this treatment in several cases with good results, but I can not see that it offers any advantages over the former treatment. While hyoscine is a splendid remedy for the treatment of the opium habit, I prefer the former treatment for the liquor habit. I will give several other successful treatments for the alcohol habit later, but first will discuss

**TREATMENT FOR OPIUM, COCAINE AND
CHLORAL HABITS.**

There are several types of habitues who use the above named drugs, who will apply to you for treatment. First, the young and vigorous patients, who have not taken the drug long enough to produce any marked pathological changes in their anatomy. Second, the one who

has used the drug for several years without its seemingly producing any ill effects. Third, the one who uses the drugs for the relief of pain of some co-existing disease, such as cancer, chronic sores, hepatic and renal calculi, etc. Fourth, the old and feeble who have existed upon the drugs for years and have brought about pathological changes which are beyond repair.

As the digestive and assimilative organs are practically paralyzed; the secretions of the stomach, liver and bowels are checked. They become emaciated and live upon their reserve of former years.

The first and second class will generally yield to proper treatment. The third class may also be cured, providing you can establish a cure for the painful disease, but, as a rule, the fourth class is beyond all medical aid and the patients should be allowed to use the drug as long as they live.

Opium and other drug habits are always secretive in their disposition and the physician who treats them should exercise his skill in receiving the confidence and co-operation of his patients. They are wedded to their drug and believe that it is part of their existence; therefore they should have the assurance that they can have all of the drug their system requires during the treatment, but that they are to take only that which they receive from you. There are several things to be considered in carrying out a treatment for the drug habits. We have to combat the physical and mental disturbances, which are sure to follow the withdrawal of the drug. We have to relieve the patient from the craving for the drug, that we may enable him to permanently discontinue its use. We have to restore his mental and physical condition so that he will not depend upon the drug for support. These are problems which often confuse the minds of the most skillful physicians, but they can be solved by appropriate therapeutical measures.

The preliminary treatment for drug addicts should be very much the same as that for alcohol. If, in your judgment, you think the case is a curable one, for a few days previous to the treatment you adopt, the patient

should take sweat baths and open the pores of his skin. The alimentary tract should be cleaned out by the use of calomel and phosphate of soda. Acetate of potassium will be found a good remedy to stimulate the secretions of the kidneys. The patient will then be ready for the regular routine treatment. There are several ways in which the drug habit may be treated, viz:—the gradual reduction method; the rapid reduction method, and the immediate withdrawal method.

THE GRADUAL REDUCTION METHOD.

Although this method takes a little longer to establish the desired results, I believe it is the best treatment that can be instituted for the general run of patients, and it can be used in private as well as in sanitarium practice. This process will require a tonic treatment to support the system while the drug is being reduced from day to day. The time required to effect a cure depends somewhat upon the condition of the patient. The more of the drug the patient is in the habit of taking, the longer the time in effecting a cure. After the patient has taken the preparatory treatment for a few days, he should be given a hypodermic injection of strychnine nitrate—I-40 grain. Use at six and eleven-thirty a. m. and six p. m. He should also take the following:

TONIC COMPOUND.

R	Atropine	¼ gr.
	F. E. hyoscyamus.....	2 dr.
	F. E. lupulin.....	½ oz.
	F. E. avena sativa.....	1½ oz.
	F. E. Erythroxylon coca.....	1 oz.
	Simple elixir.....q. s.	6 oz.

Mix. Sig. A teaspoonful at seven, nine and eleven-thirty a. m. and at one, three, five, seven and nine p. m.

THE METHOD OF REDUCTION.

The drug may be reduced either in liquid or powder form. I prefer the powder, which should be triturated with sugar of milk. If you are treating a patient for the morphine habit, duplicate quinine for the morphine as you withdraw the latter. This will give the powder a bitter taste so that it will not be noticed by the patient that you are using less morphine each day, and at the same time you get the tonic effect from the quinine.

The amount by which the morphine is reduced each day will depend upon the amount consumed. To illustrate, if the patient is in the habit of consuming fifteen grains of morphine in twenty-four hours, it should be prepared with sugar of milk as follows:

℞ Morphine sulphate.....15 gr.
 Sugar of milk.....45 gr.

Triturate and divide in as many powders as the patient wishes. He can take these powders at the same intervals as was his former custom. The next day we will make a reduction of two grains and add quinine as follows:

℞ Quinine sulphate..... 2 gr.
 Morphine sulphate.....13 gr.
 Sugar of milk.....45 gr.

Triturate and divide in powders as required.

We will attempt to reduce the morphine two grains a day for the first five days and add two grains of quinine each day, then one grain a day for three days, then, half a grain a day for four days. After this, the drug should not be given at all, if possible. Now we commence to reduce the quinine as we did the morphine until the patient requires none of the powders. This is the general plan of

treatment by the simple reduction method, but oftentimes we have to deviate from this, and not reduce the drug so rapidly, also giving an extra dose of morphine to allay the nervousness. But this method of treatment should be adhered to as nearly as possible, and be sure that the patient gets a smaller quantity of the drug each day. The tonic treatment may be kept up for some time after the powders are abandoned, but it should be taken in smaller doses each day and withdrawn altogether a week or two after the quinine is stopped.

THE RAPID REDUCTION METHOD.

This method may be used with a marked degree of success in a large number of curable cases and has the advantage that it does not require much of the physician's time, as it can be administered at the patient's own home as well as at a sanitarium, and the percentage of cures are similar in cases of those who use two or sixty grains a day. During this treatment the patient should not be allowed to do any work or attempt to attend to any business, but he may take exercise in the open air if he wishes. This treatment is known as Marvelle Anti-Narcotic Specific No. 3, somewhat modified.

Formula No. 1.

℞ Powdered ext. cannabis indica..... 4 gr.
Res. podophyllum..... 3 gr.
Atropine sulphate..... $\frac{1}{8}$ gr.
Strychnine nitrate..... $\frac{1}{3}$ gr.

M. Ft. Caps. No. xvj.

Sig. One capsule with every dose of the following preparation:

Formula No. 2.

R	F. E. avena sativa.....	1 oz.
	F. E. passiflora incarnata.....	1½ oz.
	Bromidia (Battle & Co.).....	1½ oz.
	Spts. ammonia aromatic.....	2 oz.
	Syr. lactucarium virosa.....	2 oz.

M. Sig. Four drachms as directed.

DIRECTIONS FOR USING.

The preliminary treatment should be the same for this as for the former treatment. After the bowels have moved freely in the morning give one capsule of formula No. 1 and a teaspoonful of formula No. 2. These should be given in one dose. This should be taken at six, nine and eleven-thirty a. m. and three, six and nine p. m. and every three hours through the night if required. If the patient sleeps, he should not be disturbed, but in most cases he will be very restless, and fifteen grains each of hydrate of chloral and bromide of potassium may be required. After the patient has taken the treatment this way for two days, the dose should be given at intervals of about every six hours, at six and eleven-thirty a. m. and six and eleven-thirty p. m., for two days. If the patient is addicted to large quantities of the drug, he may be extremely nervous and while he is taking the regular treatment at intervals of six hours, he may also take one-half to one drachm of F. E. passiflora incarnata between the other doses as required. Should the nervousness be extreme, you will also find that twenty or thirty drops of F. E. avena sativa will be valuable every few hours.

From now on all medicines should be gradually withdrawn by reducing the dose from time to time, until none is required, and the cure completed. You should not give any of the drug to which the patient is addicted

throughout this treatment, unless it is absolutely necessary, as in extreme nervous prostration, when it may be administered in doses as are required without interfering with the treatment to any marked degree.

THE IMMEDIATE WITHDRAWAL METHOD.

This is sometimes called the three-day cure, and is also known as the Marvelle Anti-Narcotic Specific No. 1. It is this method which is used in most of the quick-cure institutes throughout the country and can only be adopted to a good advantage in young, vigorous and new cases.

Formula No. 1.

- R Hyoscine hydrobromate..... $\frac{1}{2}$ gr.
Tincture rhus tox..... 5 min.
Tincture apis mellifica..... 5 min.
Solution boracic acid (2 per cent)... 1 oz.

Mix. Sig. Use hypodermically. Maximum dose ten minims, minimum dose five minims; use according to the directions which follow:

Formula No. 2.

- R Hyoscine hydrobromate..... $\frac{1}{8}$ gr.
Strychnine nitrate..... 1 gr.
Nitro-glycerine $\frac{1}{4}$ gr.
F. E. avena sativa..... 2 oz.
Simple elixir.....q. s. ad. 6 oz.

Mix. One teaspoonful every four to six hours.

The patient is prepared for this treatment in the same manner as in the former treatment, and he is then requested to abstain from the use of the drug to which he is addicted, until he can no longer resist the craving.

Then he may be given a hypodermic injection of five minims of formula No. 1. At the end of fifteen minutes, give him five minims more, and in a half hour he can take ten minims more. The patient will now tell you that his throat is very dry, and he will fall asleep; his sleep will probably last four or five hours. If he should become sleepy after the second dose, five minims will be sufficient for the last injection.

When the patient awakens he will complain of being dizzy; his pupils will be dilated and his face flushed. If he has been asleep four or five hours, he should have another injection of ten minims.

By this time he is getting the characteristic physiological effects of the hyoscine. He will imagine and do all sorts of things. He may cry, sing or imagine he sees funny people; he will pick at the bed clothes, etc. This should not cause you to be alarmed, as all these symptoms are due to the denarcotizing effects of the hyoscine. The patient should be given hypodermic injections at intervals of four or five hours until he has been kept in this condition for a period of twenty-four hours; then discontinue their use and allow the patient to resume his normal mind. He may ask for more of his accustomed drug or he may say that he has no desire for it whatever. If he should still crave the drug, he should be kept under the influence of hyoscine for a period of twelve hours longer; then stop the treatment again until he is rational. If he still has a craving, you may again produce the semi-intoxicated condition with the hypodermic injections of formula No. 1, for a few hours longer, but if he states he has no further use for the drug, and is free from the craving, you should discontinue the hypodermic injections and at once commence giving him formula No. 2.

During the time you are giving the hypodermic injections, the patient may manifest a variety of symptoms. His heart action generally remains about normal, but if it should become weak, give him a hypodermic injection of 1-40 grain strychnine nitrate or 1-100 grain nitro-

glycerine, if his body is cold. The patient will almost always vomit freely and feel much better afterwards. He may also have fetid breath, dry tongue and free salivation. None of these symptoms should cause you alarm.

Respiration may be accelerated, but this is of little concern. If it should become labored, one-fourth or one-half grain of morphine may be given, which will give immediate relief without retarding the treatment. During the treatment, the patient should have all the water he wants and nutrition should be kept up as much as possible with milk or with some one of the prepared invalid foods.

After the patient tells you he has no desire for his accustomed drug, he should commence taking a teaspoonful every four hours of formula No. 2. This should be continued for a few days, according to the needs of the patient, when it should be gradually withdrawn.

The most common complaint of one who has taken the opium cure is insomnia, and it is always best to omit hypnotics. If possible, try to induce sleep by having the patient take hot or cold baths. but, if it is absolutely necessary, you may give from seven to fifteen grains each of hydrate of chloral and bromide of potassium.

A patient undergoing this treatment should be undressed and confined to his room, and have the constant attention of a nurse, who should watch the patient very closely and see that he has a hot or cold bath every day. This has a remarkable soothing effect. Allow the patient to sit up or lie down as he prefers. The bowels should move at least every other day, but, if diarrhoea should exist, it should be checked by appropriate treatment.

This method of treatment may be considered rather heroic, but it is not dangerous in selected cases. The patient should never be told beforehand the effects of the treatment, but you can inform his friends if you wish. This is a very successful treatment and will produce remarkable results in curable cases, but I prefer the gradual reduction method when it can be applied.

A CURE FOR THE TOBACCO HABIT.

It may seem rather unreasonable to state that the tobacco habit is one of the most difficult to conquer, but such is the case, and in order to effect a cure, the patient has to exercise his will-power to its fullest extent. In this habit we have what may be termed a machanical as well as a physical and mental condition to overcome.

Those who use tobacco are accustomed to having something in their mouth and they miss this as much or more than they do the narcotic effect of the tobacco. I once treated a patient for the tobacco habit, who used at least three ounces of fine-cut every day, and after the cure was completed, he stated that he had no desire for tobacco, but he must have something in his mouth; he, therefore, chewed wheat. He was still keeping up this practice when I saw him last, four years after taking the treatment. Others want gum, while cigarette, cigar and pipe smokers often like to hold a lead-pencil in their mouth.

The following formula has proved that it meets the demands in curing the tobacco habit in many cases in my practice:

R	Atropine sulphate.....	$\frac{1}{8}$ gr.
	Tr. nux vomica.....	$\frac{1}{2}$ dr.
	Tr. humulus.....	1 oz.
	Tr. quassia.....	$1\frac{1}{2}$ oz.
	Tr. gentian.....	$1\frac{1}{2}$ oz.
	Tr. cinchona comp.....	2 oz.

M. Sig. A teaspoonful every two or three hours while awake.

For the chewing tobacco habit the patient should be allowed a small amount for a few days; he should use fine-cut and use a piece no larger than a bean.

This may be used every three hours for the first day; every five hours the second day; the third day it

may be used twice, and the fourth day it should be given up altogether; but every time the patient thinks he wants a chew from this time on he should take a few drops of medicine on his tongue. This will stop his craving.

If the patient smokes, he should be instructed to smoke a pipe instead of cigars or cigarettes. He may have a short smoke of not more than a quarter of a pipe full at a time every three hours the first day, and every five hours the second day; twice the third day, and none the fourth day. The same plan of treatment of taking a few drops of medicine on the tongue will apply to smoking the same as it does for chewing. From now on he need not take a teaspoonful of the treatment every three hours, as the medicine he takes when he has a desire to use tobacco will be sufficient to cure him. The treatment should be kept up for a month or more.

WHAT CONSTITUTES A CURE FOR THE ALCOHOL, MORPHINE AND OTHER HABITS.

The physicians in charge of institutes or sanitariums where these habits are exclusively treated, differ greatly as to the percentage of cures, some claiming ninety-five per cent., and others as low as fifty per cent. These different percentages of success naturally lead us to inquire what may be considered a cure.

I believe that if we can succeed by proper treatment in placing a patient in a condition in which he does not require or crave any alcohol, morphine or other drug to which he is addicted, for a period of six months, he may be considered cured, and, if he has any strength of character, he can let it alone from that time on. There are always periods after a patient has taken treatment when he has a feeling of loneliness or absent-mindedness steal over him. This cannot be termed a craving, but he can-

not help realizing the delightful sensations that were present when he was full of his once accustomed poison. It is therefore many times beneficial to give a good tonic preparation after the regular treatment is abandoned and to tell him that if he should ever have a desire for his liquor or drug to take this preparation for a day or so. This in many cases will carry him through.

Patients of this kind should have their minds occupied either with work, amusement, travel or change of scene, or some other diversion.

If we consider a term of six months a sufficient length of time to pronounce a case cured, the percentage of cures will be much larger than they would if we accept only those cases which are permanently cured. Of the first fourteen cases I treated for alcoholism, the first to relapse was at seven months. From this time up to two years, eight went back to their former habits, one died six months after taking treatment, of pneumonia. Some of these eight took the treatment again, however, and did not drink again for many months. The last time I heard from the remaining five, they were still total abstainers. I have had occasion to note patients who have taken the Keeley and other treatments, and I found that the percentage of cures are about the same. Owing to the lack of association, I believe that the percentage of cures in drug habits is greater. We will always notice that those who drink alcohol want associates, while those who indulge in drugs want secretiveness.

Even if the percentage of permanent cures may be considered small, this treatment has been instrumental in doing more good than any other temperance cause ever instituted. If its only field of importance were to make homes happy for a period of six months or a year, it would be a worthy practice, but we find, on the other hand, a certain percentage of permanent cures, which bring with them new manhood and happy families.

Last year a gentleman representing a concern from Knoxville, Tenn., canvassed this state, selling the formulae and "system" of the Triumph Cure, for liquor, morphine, cocaine, chloral and tobacco habits. The price

charged for the system was from \$10.00 up, according to territorial right; the purchaser pledging himself under a \$500.00 contract never to disclose the secrets. This is a fair example of the many things which are offered the medical profession, although this system is above the average in merit. I have used some of the formulae with good results, and will give a verbatim copy of the original, which was bought for ten dollars by a physician residing in Indiana. The information given may add to your knowledge in treating these habits.

TRIUMPH FORMULAE FOR LIQUOR, MORPHINE, COCAINE, CHLORAL AND TOBACCO.

WHISKEY TREATMENT.

Drunkenness is now recognized as a disease. Since it is a disease of the nervous system, or pathological condition which disturbs the mental equilibrium, or as it were, a defect in the will power, termed dipsomania. Being convinced, therefore, that we have a disease of a specific nature to deal with, we must set out to find a specific treatment, using such therapeutic re-agents as will maintain or bring back the nervous system to its original physiological equilibrium, or normal condition of will-power. This may be accomplished by improving the patient's general tone, by stimulating and strengthening his nervous system and by surrounding him with good moral influences. It has been proved that strychnine is a specific remedy, as it is the most powerful and valuable neurotic which we possess. Atropine has a specific action in decreasing the appetite for alcohol; hence, a combination of the two remedies with others gives us as nearly a specific as can be wished for. I would advise that you get the full confidence and consent of the patient before commencing treatment and have him stop all work and worry for the first few days. This should

always be the case with morphia, cocaine, chloral or cigarette habits. If you follow this rule, you will cure every case. If you do not, your percentage of cures will be smaller. If a patient stubbornly persists in drinking liquor, give him a full drink of whiskey, and immediately follow it with apomorphia. This will soon nauseate him so that he will not attempt a repetition while under treatment, and he will be fully convinced of the fact that his disgust for the taste or even the smell of liquor is due to the whiskey and not to the apomorphia which he has taken. Then push the treatment to its fullest extent, even to the point of toxic effect.

The maximum dose must be reached gradually until the drug effect becomes manifest, then gradually decreased. Should any antidote be needed, give chloral hydrate.

It is necessary to use considerable judgment with some patients, as they have physiological idiosyncrasies regarding the drug employed. With all patients, especially those who are weak, nervous or worn out, begin the treatment cautiously, with two-thirds of a dose. Prolong the treatment and do not be in too great a hurry. In all cases it is necessary to give an internal medicine as tonic. When the patient refuses liquor it is well to discontinue the atropine entirely and substitute picROTOXINE, and if perspiration should be copious, discontinue this also. Have all your patients take a warm bath every two or three days, and keep the liver acting and bowels open with calomel in combination with ipecac and soda. If you follow the above treatment and use discretion when needed, studying each individual case, you will meet with no disasters, nor fail to perfect a cure. You may give the patient all the whiskey he wishes, having him drink in your presence, but I would not advise it. Stop them immediately, or in a day or two, at most. This can be done by moral persuasion and encouragement. The diet should consist largely of vegetables and fruits.

Directions for compounding these medicines and for using them successfully are found on the following pages, classified under their respective diseases.

HYPODERMIC INJECTIONS.

This is a certified copy of the original formula No. 10041 registered with Sharp & Dohme, pharmacists, of Baltimore. Md., from whom it may be ordered, at fifty cents a pint or one dollar per quart:

℞ Strychnine85-100 gr.
 Atropine sulph.....40-100 gr.
 Acid boracic.....10 gr.
 Hydrastis canadensis.....10 drops.
 Aqua destillata.....q. s. ad. 1 oz.

Mix. Sig. According to directions as below.

Then I have four empty two-drachm vials, corked; upon one cork I mark No. 1, in ink, and upon another cork I mark No. 2, and so on to 4. Then I put 100 drops of the original formula No. 10041 in each of the four two-drachm vials. Understand, now, all four vials are like the original formula. Vial No. 1 leave as the original formula, without adding any tablets of strychnine nitrate as it is the weakest proportion used. Vials Nos. 2, 3 and 4 I will make each so many points stronger than the other, as shown below:

To vial No. 2 I add 5 1-40 gr. tablets of strychnia nitrate.
 To vial No. 3 I add 10 1-40 gr. tablets of strychnia nitrate.
 To vial No. 4 I add 20 1-40 gr. tablets of strychnia nitrate.

Five drops is a dose from any of the vials Nos. 1 to 4. Give this hypodermically or by the mouth at 8 a. m., 12 m., 4 p. m., 8 p. m.

Always commence hypodermic injection with one dose from vial No. 1; then one dose of vial No. 3; then one dose of vial No. 2; then one dose of vial No. 1, skipping backward and forward this way.

If you need a stronger dose, work in vial No. 4 in the same manner as stated above. Use picrotoxine—1-40 grain, by adding to a dose from any of the vials (1 to 4)

hypodermically or by the mouth, enough to make the patient sweat the poison out of the system and to bring back the natural color.

If you want to treat a patient entirely by the mouth, instead of treating him hypodermically, use vial No. 3 through the whole course of treatment; use the same sized dose, with alcoholic tonic, as if you were treating hypodermically; and you should know the patient gets the medicine regularly to make a cure. I advise you in all cases to treat hypodermically if possible; then you know that the patient gets the medicine regularly; and you are sure of success.

Don't expect physiological effect before five or six days, viz., twitching of muscles, dryness of mouth, etc., and as soon as you get the toxic effect, go back to vial No. 1 and stay after it is obtained. You may now hold the effect with the weakest vial, No. 1. As the least medicine given to any patient is always the best, give always the smallest dose that will produce the desired effect. After you have reached the maximum dose you may decrease the amount and still hold the physiological effect, which is best. Then the fourth day always ask your patients if they still want whiskey or beer. Of course some of them will say yes. Don't be alarmed at this. Then tell them you don't see how it is, as you are sure the medicine is taking effect, or is about to, at any rate, as now is the time to make it take effect, etc. As the patient has entire confidence in you by this time, since he is feeling so much better, eating and sleeping well, and the thirst and desire is leaving him, tell him you want to see him drink in your presence. This may be done on the fourth day after you have commenced treating the patient; then tell him to go and get some whiskey or beer, as you don't want to furnish it to him, for he would say you had "drugged" it and would lose confidence in you. In this way he sees you had no chance to touch the whiskey or beer, and he is perfectly satisfied you have not tampered with either. This must be done at one of the regular times of the hypodermics. Then, in place of giving the regular dose, skip one and give

instead 1-10 grain of apomorphia immediately after he has taken the whiskey or beer. Of course, you know the result. Repeat this once or twice a day, until whiskey is disgusting to him in sight, smell or taste. Then keep up the regular treatment three weeks, or longer if the case should demand it. Never increase the size of the hypodermic or dose. If you want a stronger dose, go from vial to vial, as you see each vial is marked so many points stronger than the other, as tabulated. Cases of delirium tremens are best treated by giving hypodermic from vial No. 1, and by adding to each injection 1-250 grain of hydrobromate of hyosciamine. By using the drug in this way you see that there can be no bad results obtained, as by using morphine to quiet the patient, to make him sleep, and taking the chances of adding to the whiskey or beer habit the morphine desire.

Keep the dispensing vials clean, rinsing them well before refilling, being careful not to inject sediment or deposit in solution in the arm, as it will produce an abscess. All air must be excluded from the syringe before injecting. Wipe off the needle after using on one patient and before using on another.

As a tonic for whiskey patients I use a private formula which you will find below, No. 10043, registered with Sharp & Dohme, Pharmacists, Baltimore, Md., from whom it may be ordered at \$3.25 per gal.:

ALCOHOLIC TONIC.

R	Acid muriatic, C. P. free.....	2048 gr.
	Powdered phosphate of lime.....	768 gr.
	Powdered phosphate magnesia....	1024 gr.
	Fl. ext. hydrastis canadensis.....	256 gr.
	Powdered quinine muriate.....	256 gr.
	Crystal strychnine nitrate.....	10- $\frac{1}{4}$ gr.
	Fl. ext. pulsatilla.....	255 gr.
	Simple syrup.....	q. s. ad. 1 gal.

Mix. Sig. As directed below.

Teaspoonful every four hours in a little water, and taken between hypodermic injections or doses. In case this tonic cannot be had, you will find a good substitute in Phillips' Phospho-Muriate of Quinine Compound, administered as above. This is considered by all physicians the best tonic. It is sold by druggists. Ours is better and less expensive. Compare the formulae and prices. This is given at 6 a. m., 10 a. m., 2 p. m., 6 p. m. and 10 p. m., when the patient is up at the first and last hour. After stopping the use of hypodermics it is necessary to give the tonic twice a day for a week or so, with one tablet of 1-60 grain of strychnine nitrate added to every teaspoonful contained in the bottle.

A FEW WORDS OF CAUTION.

Examine each case thoroughly before treatment, especially the action of the heart and the nervous system, that you may note with benefit to yourself the changes that will be produced by the action of the remedies used. Question patients particularly as to why they drink; whether from the love or the taste of whiskey or beer or the effect produced. If a patient drinks from love of the taste of whiskey or beer, you need not hesitate to take him and guarantee a cure, for you can make the taste or smell of whiskey or beer disgusting to him, and he will not drink it again when the fascinating taste is gone. This is accomplished by giving the treatment with one dose of apomorphia. If the patient drinks for the effect of whiskey or beer, don't fail to give hypodermic of apomorphia on the fourth day, just after giving him a drink of whiskey or beer in your presence, repeating the dose once or twice a day until whiskey or beer becomes nauseating to him in sight, smell and taste. If the patient who drinks for the love of whiskey or beer persists in drinking, or it is difficult to turn him against it, give apomorphia in manner as stated above until you do obtain the desired results.

MORPHINE, OPIUM, LAUDANUM, COCAINE AND CHLORAL TREATMENT.

The most perfect antidote for these poisons is permanganate of potash. For all cases give one injection of the antidote, and let one grain of permanganate of potash be the maximum dose to be given at the beginning of treatment, hypodermically. It matters not what amount of morphine taken in 24 hours. If they take less than one grain of morphine in 24 hours let the dose of the permanganate of potash be governed accordingly.

Usually you can get your patient off morphine at once by the addition of 1-200 grain of hydrobromate of hyosциamine to the hypodermic injection from vials No. 1 to 4. Use in the same way as in whiskey cases, whatever strength you deem sufficient.

Don't give the hydrobromate of hyosциamine oftener than is necessary to control the patient, viz., his nervousness, sleeplessness, etc. Then keep up the same injection as for whiskey cases from vials, viz., Nos. 1 to 4, given every four hours and continued from one to five weeks or longer as the case demands.

The tonic I use for the above mentioned diseases is No. 10042, which you will find below. Then I have two four-ounce bottles filled with the tonic. To one bottle add about three-fourths the amount of morphine taken by the patient each day. You must multiply three-fourths of the morphine taken by the patient for one day by eight, as four-ounce bottle, No. 2, has thirty-two doses; four doses per day will last eight days. This bottle we mark No. 2; the other bottle, without the morphine, as No. 1. Have the patient take a teaspoonful out of the bottle with morphine, No. 2, four times a day, adding to this bottle with morphine, viz., No. 2, a teaspoonful from the bottle without morphine, No. 1, after each dose taken. These doses are to be taken between the hypodermic injections. By treating this way you

see bottle No. 2 will last sixteen days. The patient has been taken off morphine in this way so easily and quickly that he is not aware of it, and you can hold him. After taking these two bottles, continue the hypodermic injection three weeks or longer, as in whiskey cases, and also the tonic from private formula No. 10042, which you will find below, without adding any morphine, registered with Sharp & Dohme, Pharmacists, Baltimore, Md., who sell it at \$4.00 per gallon:

MORPHINE, OPIUM, LAUDANUM, COCAINE AND CHLORAL TONIC.

R Powd. red cinchona..... 1 lb.
 Powd. Hydrastis canadensis..... $\frac{1}{2}$ lb.
 Powd. pulsatilla..... $\frac{1}{2}$ lb.
 Powd. nux vomica..... 2 oz.
 Powd. xanthoxylum berries..... 2 oz.
 Powd. capsicum..... $\frac{1}{2}$ oz.
 Powd. avena sativa..... 8 oz.
 Dilute alcohol.....q. s. ad. 1 gal.

Mix. Sig. Teaspoonful every four hours of the above tonic.

The morphine patient cannot be trusted, and you must examine him thoroughly for any morphine, opium, or hypodermic that he may have in his possession, demanding that they be given up. An attendant should be with patients for some time and the physician with them should always be on the alert, examining the pupils of the eye constantly, for the drug will first show its effect there. If you can keep them from using morphine or opium for a week you may be certain of a cure. The bowels are at first likely to be affected, and patients may have cramps in their limbs. For this condition use 10 per cent solution veratrum album in four or five drop doses, which will greatly benefit and relieve them. You

may tell them that you will reduce the quantity of the drug gradually, but do not let them know at what time you cease to give them morphine. Should these cases at any time need something to make them sleep, give them whiskey. Do not labor under any delusion that you must increase the size of the dose and the strength of the hypodermic injection, if you fail to obtain the physiological effects of the remedies used within a few days, and under no circumstances add any additional strychnia nitrate tablets to the doses or vials as tabulated under hypodermic injections. Increase doses by using solutions from vial to vial.

CIGARETTE TREATMENT.

Begin this treatment with hypodermic injections of picrotoxine in 1-40 grain dose added to one of the hypodermic injections from vials Nos. 1 to 4, treat in the same way as for whiskey cases until copious perspiration ensues; then have an attendant give the patient a hot sponge or steam bath, cooling him off gradually with a shower, at first warm, then cold, rubbing until dry. The cigarette habit in time will cause the user to be affected with a mental condition resembling insanity more than any of the foregoing habits. It particularly affects the will-power, and is similar to insanity, pitiable, yet harmless.

℞ Formula No. 10041.....2 dr.
Tr. cannabis indica.....5 drops.

Mix. Sig. As directed below.

Inject hypodermically from five to ten drops, from two to four times a day, using your judgment in individualizing your case and the dose to be used, as in whiskey cases; continue treatment, however, from three to five weeks hypodermically, and the tonic, as mentioned below, for a week or ten days longer.

CIGARETTE TONIC.

℞ Phillips' phospho muriate of quinine
 compound5 oz.
 Commercial avena sativa.....1 oz.

Mix. Sig. As directed below.

Teaspoonful at a dose, from three to four times per day. If the patient becomes nervous you have to use the following prescription, viz.:

℞ Thein (Merck's).....8 gr.
 Acid boracic.....2 gr.
 Aqua destillata.....q. s. ad. 1 oz.

Mix. Sig. As directed below.

Injection from five to ten drops hypodermically, repeating the dose as your discretion dictates. Treat cases in the following manner: Giving injections hypodermically at 8 a. m., 4 p. m. and 8 p. m., giving a tonic at 6 a. m., if the patient is up at the first and last hours; then at 10 a. m., 2 p. m., 6 p. m. and 10 p. m.

The cigarette habit is about the most difficult of all we have to contend with and requires from three to five weeks to perfect a cure. It is about as good a plan as any in the treatment of these cases to cut them short. If you do not adopt this plan, have them decrease the number of cigarettes each day by one-third or one-half, and in four or five days you may stop them entirely. Patients will get very nervous and weak, but encourage them in every way you can.

If the patient stubbornly persists in smoking, after the first nine days, give him 1-10 grain apomorphia hypodermically, just after you have given him a cigarette to smoke in your presence, and keep this up until the sight, smell and taste is disgusting to him. Give this at one of the regular hours of treatment, instead of the regular hypodermic at that hour.

TOBACCO TREATMENT.

℞ Formula No. 10041..... $\frac{1}{2}$ dr.
 Tr. plantago magor..... $\frac{3}{4}$ dr.
 Tr. avena sativa..... $\frac{3}{4}$ dr.

Mix. Sig. As directed below.

Give the patient three drops by turning the bottle on the cork and touching it to the tongue each time he feels like taking a chew or a smoke, especially a dose after each meal, asking the patient to assist you by lessening the number of chews of tobacco or cigars each day. Give the patient treatment hypodermically, in the same manner as for whiskey patients, from vials Nos. 1 to 4, five drops at a dose, three times a day. In from nine to fourteen days' treatment, tobacco will be disgusting to his sight, smell and taste. Then stop the tobacco entirely and continue the prescription for tobacco cure by touching it to his lips or tongue when he feels like using tobacco. If necessary give alcoholic tonic No. 10043, a teaspoonful three times a day. If the patient becomes very weak and nervous for the first few days give ten per cent solution veratrum album in four and five drops at a dose. If the patient is stubborn and persists in smoking or chewing tobacco after the ninth day, give him 1-10 grain apomorphia hypodermically, just after taking a chew or smoke, in your presence, and keep this up once or twice a day until the sight, smell and taste of tobacco is disgusting to him. Give this at one of the regular hours of treatment instead of regular hypodermic at that hour.

You will find many things to worry and disappoint you in the treatment of patients for these diseases, but do not lose your temper and do not get disheartened, but hang on to them as long as there is any hope of reclaiming a wreck to his friends, family and society.

The foregoing treatment is the best known for dipsomania, morphia, cocaine, chloral, tobacco and cigarette habits that is today endorsed by the medical profession as can be verified by the experience of numerous physicians throughout the United States.

THE KEELEY TREATMENT.

A physician who was in charge of one of the Keeley Institutes and who afterwards conducted a sanitarium of his own, for the cure of alcohol, drug habits and nervous and mental diseases, published a little booklet giving the methods of treatment which he used, which he claims were identical with the methods used at the Keeley Institute. This booklet was sold to physicians for \$25.00, and had many purchasers, and I believe the treatment he gives is reasonably correct, as I have met several physicians who had charge of similar institutes and are willing to vouch for its accuracy. Space will not allow me to publish the entire article, which to a certain extent would be only a repetition of what has been said, but I will give the formulae of some of the preparations used, and the reader can judge for himself as to their value.

HYPODERMIC SOLUTIONS.

Solution "S."

℞ Boracic acid..... 4 gr.
 Strychnine nitrate..... $\frac{1}{2}$ gr.
 Aqua des..... 2 oz.
 Tr. cudbear..... q. s. color.

Sig. Dose five to ten minims, four times a day.

Solution "A."

℞	Atropine sulphate.....	½ gr.
	Boracic acid.....	20 gr.
	Aqua des.....	1 oz.

Mix. Sig. Dose five to eight minims.

Solution "A P."

℞	Apomorphine	4 gr.
	Boracic acid.....	20 gr.
	Aqua des.....	1 oz.

Mix. Sig. Dose six to ten minims.

Solution "T."

℞	Thein. mur.....	8 gr.
	Boracic acid.....	20 gr.
	Aqua des.....	1 oz.

Sig. Dose five to ten minims.

Solution "P."

℞	Pilocarpine mur.....	8 gr.
	Boracic acid.....	20 gr.
	Aqua des.....	1 oz.

Mix. Sig. Dose five to six minims.

Solution "M."

℞	Morphine sulph.....	8 gr.
	Aqua des.....	1 oz.

Mix. Sig. Dose fifteen to thirty minims.

It will be noticed that the name of the solution is an abbreviation of the active ingredient contained. To illustrate, Solution "A" is atropine, "S" is strychnine, etc.

TREATMENT FOR ALCOHOLISM.

When the patient enters the institute he is given a mixture containing the following:

℞ Gold and sodium chloride.....30 gr.
 Strychnine nitrate..... 4 gr.
 Atropine sulphate..... 1 gr.
 Glycerine 2 oz.
 Fl. ext. cinchona comp.....q. s. ad. 16 oz.

Mix. Sig. One teaspoonful in water three times a day.

In addition to the internal remedy, the patient is also given hypodermic injections from the solutions that the physician deems the patient requires. The atropine solution is generally pushed, until patients get the full physiological effect of the drug. The apomorphine is used when it is desired to produce the "sickening process." You will notice that the solutions are colored conveniently for the "barber pole shot." After the desire for liquor has been conquered, the patient is given hypodermic injections from solution "S," and the following internal remedies throughout the balance of the treatment:

℞ Ext. cinchona solid.....40 gr.
 Grd. gentian root..... 2 oz.
 Powd. capsicum.....20 gr.
 Grd. bitter orange peel.....½ oz.
 Glycerine 3 oz.
 Aqua 2 quarts.
 Caramel..... q. s. to color.

Mix the first four drugs in the water and boil twenty minutes; remove and filter; then add the glycerine and caramel.

Sig. One teaspoonful every two hours in water.

FOR ALCOHOLIC GASTRITIS.

℞ Pepsin sacch..... 1 dr.
 Bismuth sub-nit..... 1 dr.
 Powd. capsicum..... 20 gr.

Mix. Ft. powders XXX. Sig. A powder every three or four hours.

FOR NEURASTHENIA.

℞ Tr. cinchona rub..... 2 oz.
 F. E. kola..... 2 oz.
 F. E. scutellaria..... 1 oz.
 Elix. aromatic..... q. s. ad. 6 oz.

Mix. Sig. On teaspoonful in water four times a day.

THE TOBACCO TREATMENT.

℞ F. E. calumba..... $\frac{1}{2}$ oz.
 Tr. quassia..... $\frac{1}{2}$ oz.
 Alcohol $\frac{1}{2}$ oz.
 Aqua..... q. s. ad. 4 oz.

The hypodermic treatment consists of injections from solution "T" four times a day, and an occasional injection from solution "P," or if the "sickening process" is required, from solution "A P."

DR. GRAY'S TREATMENT.

Dr. J. L. Gray, of Indiana, was among the first to use the so-called "Gold Cure" for the alcohol habit, and his method was made publicly known through Prof. Edmond Andrews, of Chicago, who published an article on it in one of the Chicago papers. The treatment given was as follows: On entering the institute the patient was given a hypodermic injection four times a day, containing one-tenth grain of chloride of gold and sodium, and one-fortieth of a grain of nitrate of strychnine. He also received a mixture to be taken by the mouth composed as follows:

℞ Chloride of gold and sodium.....	12 gr.
Muriate of ammonium.....	6 gr.
Nitrate of strychnine.....	1 gr.
Atropine	$\frac{1}{4}$ gr.
Comp. fl. ex. of cinchona.....	8 oz.
Fl. ex. of coca.....	1 oz.
Glycerine	1 oz.
Aqua des.....	1 oz.

Mix. Sig. Take a teaspoonful every hour when awake.

I have used this treatment on several cases and find it is an excellent one, but do not believe that it is necessary to give such large doses of gold and sodium and strychnine, as they cause the muscles to twitch and an eruption to break out on the skin in many cases.

THE CANCER SPECIALIST.

Surgeons, as a rule, regard the knife as the only effective means of removing tumors and cancerous growths, consequently, in systematic treatises very little is said concerning other means for their removal; and what is said is often in condemnation of them as useless, if not pernicious. This indifference, neglect and perhaps prejudice on the part of surgical teachers has opened a field for the cancer specialist who can remove these growths without the use of the knife.

I have had the pleasure of visiting several of their institutes, and I find them enjoying a very remunerative practice. I consider their methods of treatment far more successful and desirable than those of the surgeon who depends upon the knife exclusively.

It may be laid down as almost a positive result of surgical practice that a cancer extirpated with the knife returns sooner than one removed by the caustic treatment. The separation attendant upon the latter, seems to remove the remaining cancer cells, while excision leaves them to begin anew their destructive proliferation. We therefore find that the principal objection to the knife in removing malignant growths is, that no surgeon in the world, no matter how skillful he may be, is able to distinguish the healthy from the diseased tissue, and after he feels that he has thoroughly removed every trace of the difficulty, some diseased cells may be left behind, and the growth will again develop.

From a therapeutical standpoint, there have been three methods devised for destroying these growths.

First, by local external applications; second, by hypodermic injections into the substance of the growth; and third, by internal treatment. While the two latter methods are not practical, the former, in my opinion, is the treatment par excellence for all superficial malignant growths. I have had quite an extensive experience in the use of the caustic treatment and in this chapter I wish to disclose the methods which were used by myself, and which are identical with those used with success in most of the cancer institutes. Before discussing the treatment, I wish to outline in brief the characteristics of the different forms of malignant tumors, which may be of some assistance to you in forming a diagnosis.

SARCOMA.

Definition. A malignant growth composed almost entirely of cells, which have their origin in those of the connective tissues and which are embryonic in character.

Character and Growth. The connective tissues are always the starting point of sarcoma. The cell elements are either round, spindle-celled, or in large, plate-like forms, and may exist either separately or in conjunction in the same tumor. External injury or local irritation seems in many instances to be the cause of the growth, but in others there is no evident cause. It may occur at any age, but is most common between the ages of twenty and forty. It begins as a single nodule, or several may commence at the same time, and it grows rapidly. After a time the neighboring glands become the seat of disease, the primary tumor ulcerates, and with the advent of ulceration the growth increases rapidly, the system becomes infected, and death supervenes. Sometimes the most distant organs, for example, the lungs or the liver, may be involved, without the intervening lymphatics being affected.

Diagnostic Features. Always begins in the connective tissues, is most common in the skin, periosteum and bone, infrequent in secreting and glandular organs. Differs in feel according as it occurs in hard or soft tissue. In the former it may be firm, tense and elastic, but is generally soft and fluctuating. May occur at any age, but is most common between twenty and forty. Growth is generally rapid and may attain a large size. Ulceration is usually present, but does not take place until late in



SARCOMAS—Supposed to have their origin in the periosteum of the interior maxillary bone.

life of the disease. Little pain until ulceration occurs. The subcutaneous veins are only slightly enlarged. The contiguous lymphatics become infected with the disease, but not until late in its progress. Unless thoroughly removed the tumor usually recurs and in the locality from which it was removed. The microscope shows the tumor to be composed of a mass of connective tissues without alveolar arrangement.

Prognosis. Is never favorable unless the growth is promptly removed by the caustic treatment. If allowed to run their course they terminate in death in six months, while others may continue for several years.

SCIRRHUS.

Definition. A malignant growth, composed of fibrous tissue and undeveloped epithelial tissue, known also as atrophying cancer, and stone cancer.

Character and Growth. Cause cannot always be determined. Frequently follows injury. Attacks in most cases the liver, uterus, or breasts. In the latter organs is more frequently found than all other forms of tumors. Is very rare before the fortieth year of age. Commences as a firm, hard, dense nodule under the skin, being at first easily movable. As it grows it contracts adhesions to the surrounding parts, becomes firmly fixed and is the seat of sharp, lancinating pains. As the disease progresses, the integument becomes infiltrated, hard, livid, and traversed by numerous blood-vessels. The glands in the immediate neighborhood take on the cancerous disease, the tumor ulcerates, the whole system becomes depraved and the patient dies.

Diagnostic Features. Seldom occurs before the fortieth year. Most common of all tumors of the breast at that age. Is uniformly hard. Grows slowly compared with other epithelial tumors. Early becomes anchored to the skin and surrounding tissue. Does not attain a large size. Sharp shooting pains. In the breast the nipple is retracted. The superficial veins are but slightly enlarged. Ulceration in about one year. The edges are steep and abrupt, and the discharge is very offensive. The neighboring lymphatic glands are early affected with similar disease. There is a marked constitutional involvement. The microscope shows small round cells with little pits or depressions, surrounded by a fibrous stroma.

Prognosis. Invariably bad. Case usually terminates fatally in from two to four years, unless thoroughly removed by proper treatment.

ENCEPHALOMA.

Definition. A malignant growth containing less fibrous tissue than scirrhus, but a greater quantity of epithelial cells. Known also as the soft cancer, the cerebriform cancer, rose cancer, fungus hematodes.

Character and Growth. Is most common in the bones, the testicle, the eye, the lymphatic glands, mammæ, uterus and liver. It may attack any portion of the body and occur at any age. It is almost the only form of cancer that occurs in childhood. It may begin as a single nodule, or many nodules may appear simultaneously. Being an extremely vascular structure it grows with great rapidity, and often attains a large size in a short period of time. It is usually soft and fluctuating, and being easily compressed is modified much in form by the tissues surrounding it. Is peculiarly liable to extend into the muscular and other interspaces, acquiring deep-seated connections and surrounding important organs. At a period varying from a few months to a year and a half, ulceration takes place, a foul ulcer is formed, the lymphatic glands become affected, and the whole system becomes diseased. The disease may terminate by exhausting the strength of the patient or by the destruction of some important organ.

Diagnostic Features. Occurs at all periods of life. Soft, elastic and lobulated. Grows rapidly and attains a large size. Pain dull and heavy; not pronounced until ulceration takes place. Superficial veins early enlarged. Ulcerates readily. The ulcer has undermined edges. The lymphatics are early involved, and the constitutional symptoms pronounced. Microscopic appearances similar to those of scirrhus.

Prognosis. Very grave. Terminates fatally in from eight months to two years, unless thoroughly removed in the early stages.

EPITHELIOMA.

Definition. A malignant growth, developed from the squamous epithelium. Comprises the malignant diseases of skin and mucous tissue.



EPITHELIOMAS OF THE FACE.

Character and Growth. Most frequent locality is the lower lip, but it is often found in the tongue, cervix, uteri, face, anus, vagina, penis and scrotum. It begins usually in the skin or mucous membrane, but by exten-



EPITHELIOMAS OF LOWER LIP.

sion may occupy any tissue, bone, muscle or cartilage. Occurs most frequently after the fortieth year. Long-continued irritations is the most common cause. It be-

gins early as a crack, tubercle, wart, or incrustation, and extends with the progress of the induration. Lymphatic involvement occurs, but not until the disease has made considerable progress. The extension of disease, except in epithelioma of the tongue is not rapid, many years oftentimes elapsing before its termination.

Diagnostic Features. Situated at the junction of the skin and mucous membrane or upon either of these structures. Originates in a crack, fissure or wart-like excrescence. Has an indurated base. Slow growth. Accompanied by similar disease in neighboring glands, and eventually by constitutional disease. Microscope shows squamous-celled epithelium with the characteristic alveolar arrangement.

Prognosis. Very grave. When the tongue is affected terminates fatally in from six to eighteen months, in the lip and upper jaw, may exist for years. Free and early removal is followed by permanent cure.

COLLOMA.

Definition. A malignant growth resembling structurally the encephaloma, but containing beside a quantity of clear colloid material. Known as gelatiform cancer.

Character and Growth. Is found most frequently in the omentum, stomach, ovary, rectum and bones of the extremities. It may occur as an infiltration, its most common form, taking on the shape of the organ in which it is situated, or it may grow as a pronounced tumor. Its general history is similar to that of encephaloma, except that it rarely occurs in childhood, grows somewhat more slowly, and does not so readily involve lymphatic glands.

Diagnostic Features. Is difficult to distinguish, previous to removal from other forms of carcinoma. Is often situated in the abdominal cavity. Grows slowly. Upon section, clear, gelatinous substance is found in abundance.

Prognosis. Grave. Usually terminates in death in a short time if allowed to run its course.

MELANOMA.

Definition. A malignant growth resembling encephaloma, but containing in addition a large amount of black pigment. Known as black cancer.



ENCEPHALO-MELANOMA.

Character and Growth. Occurs most commonly in the eye and skin. In all the main facts of its history it

is in close conformity to the encephaloid cancer, but is particularly noticeable on account of the pigment which marks it in varying shades from iron gray to deep black. This coloring matter is similar to that which is found in the choroid membrane, and the rete-mucosum of colored skins. The cancer is very apt to begin in or underneath a pigmentary mole. Although popularly believed to be excessively malignant, its rate of progress differs but little from the ordinary encephaloid cancer.

Diagnostic Features. Has the same general characteristics as the encephaloma, except that it is marked by an excess of pigment.

Prognosis. Grave. Terminates in death in a short time, unless early removed.

THE TREATMENT OF TUMORS.

Must necessarily be divided into two methods, viz: The knife and the caustic treatment. For all tumors of a benign nature, whether internal or external, I would recommend a thorough dissection with the knife, as it will not leave as large a scar, and can be done more quickly, and causes less suffering, making use of either a local or a general anæsthetic.

If the tumors are no larger than a hen's egg, I have frequently removed them without any suffering whatever, by injecting cocaine as given in the Obtundent formulas on another page.

The injection should be made around the borders of the tumor, rather than into its center. There are also a few well-selected cases of malignant growths that can be removed by the knife in this way, but as a general practice, the caustic treatment is the best. On the other hand, there are tumors of a harmless nature which may be removed with the caustic treatment if preferred.

People usually have a perfect horror of the knife and the surgeon who will remove their unwelcome visitors without its use, is the one they seek for relief, and he is the one to judge of the best method of treatment.

INTERNAL TREATMENT.

There have been many internal remedies highly lauded from time to time as a cure for cancer, but I believe that nearly every physician will agree with me that their use will be attended with more of a psychic effect than one of any real curative value.

Lassar stands almost alone in the belief that the iodide of arsenic, given internally, has an influence in curing carcinomatous formations.

Denissenko recently reported good results from the use of chelidonium majus as a constitutional and local remedy. But the good results that he seemed to have at first, have later failed both in his and in other hands, although this remedy does seem to have some deterrent action upon epithelial cell-growth.

Conium and phytolacca have been advocated at different times, but have fallen into disuse.

CAUSTIC REMEDIES.

The local remedies used for destroying these growths are numerous. Nitric acid, sulphuric acid, lactic acid and pyrogallallic acid have all been advocated, but are of very little use. Nitrate of silver has also been used, but its action is too superficial to be practical. Caustic potash is another remedy worth mentioning, but its action has a tendency to destroy too much healthy tissue. In my opinion, there are only three remedies worthy of men-

tion in the removal of cancers by the caustic method of treatment, viz: Salicylic acid, chloride of zinc and arsenic.

Salicylic acid has only a limited action, but, oftentimes it is a valuable one, as this agent may be used to good advantage in softening and removing the superficial layers of epithelium and preparing the way for other caustics, as will be mentioned later.

Chloride of zinc is perhaps the oldest caustic used in the local treatment of cancer, and has formerly entered largely into the "plasters" of the older cancer specialists. Its action is very effective, but causes considerable pain. It establishes an aseptic slough and thus avoids any hemorrhage or constitutional poisoning. I have removed several growths by its use and have found it very satisfactory.

ARSENIC.

Dr. Marsden, the surgeon-in-chief of the London Cancer Hospital, was among the first to bring the use of arsenic into prominence as a caustic for cancer. He has used it in over six thousand cases with phenomenal success, and arsenic stands today the banner remedy in the local treatment of all forms of cancer. This remedy has many advantages over any other caustic. It can be used with less pain, and seems to produce just the degree of sloughing required to destroy the growth, whether superficial or deep-seated. It is rather select in its action, as it destroys only the diseased tissue and does not damage the healthy structures or through absorption cause arsenical poisoning, even if used over large surfaces. It removes every particle of the growth, and does not leave any cancer-cells to develop again. It does not leave an ugly-looking scar, as do other caustics. The deformity is very slight, even if the growth has been of large size.

Dr. Marsden's original paste was two drachms of arsenic and one of powdered acacia, but I prefer the addition of cocaine, which lessens the pain, as used by Prof. John A. Wyeth, M. D., in the following formula:

℞ Acid arsenious.....2 dr.
 Powdered acacia.....1 dr.
 Cocaine muriate.....5 to 20 gr.
 Aquaq. s.

Mix the first three ingredients and add just enough water to make the paste the consistency of cream. The paste should always be prepared fresh before each application.

THE METHOD OF APPLYING.

I always begin the treatment of cancer by taking a piece of isinglass plaster and placing it over the parts to be removed. I then take a lead pencil and mark a line around the growth about one-quarter of an inch from the diseased margin. I now cut the center out of the isinglass plaster and dampen the piece which has a hole in the center and place it on the healthy parts which surround the growth. We have now outlined the exact tissue to be removed and the plaster will protect the healthy parts.

The skin or outer integument should now be removed either by curetting, with the use of a local anæsthetic, or by the use of salicylic acid as mentioned before. Now you have an abraded surface on which to apply your plaster.

The paste should now be prepared and spread on the piece of isinglass plaster you cut out, which is the exact size of the cancer to be removed, and applied to the growth, over which you can dress with absorbent cotton and bandages. This should be allowed to remain in situ from twenty-four to forty-eight hours, as long as the

patient can stand the pain. His suffering may be relieved, however, by the use of morphine hypodermically.

When the time comes to remove the plaster, you will find a black necrossed mass. You should now apply a flaxseed poultice until the slough separates, and the cancer comes away in one body. If you have any reason to believe that every particle has not been destroyed, you



The above picture illustrates the action of Marsden's Paste in removing cancers. This growth was removed with two applications of the paste.

may apply another plaster, but if, in your opinion, the operation has been complete, apply iodoform ointment and a simple dressing and allow it to heal.

You will find that the plaster will cause extensive swelling. If on the face, the eyes may be swollen shut, but this will gradually subside and cause no trouble. You should always advise the patient that he may expect some swelling. Much caution must be exercised in applying this treatment around the lips and other mucous surfaces, and the parts must be protected, so that the patient will not swallow any of the paste, resulting in arsenical poisoning.

This method of treatment may be used in all cases in which the cancerous tumor is not over four inches in diameter. If the growth is larger than that, apply to one side first and after that has been removed, apply the treatment to the other side.

Although this is the best and most generally accepted treatment which is used by cancer specialists, I will add several formulas which have also been used with a greater or less degree of success, and have formerly made a reputation for their originators.

DR. LANDOLFI'S CANCER PASTE.

This practitioner obtained a wide celebrity throughout Italy by the use of a preparation which he claimed to be a specific cure for cancer, providing that the growth was accessible, and that the system was not already too deeply implicated in the cancerous cachexia. The formula he usually employed, although it differed somewhat in the relative proportion of the ingredients, was the following:

R Zinci chloridi.....I dr.
 Auri chloridi.....I dr.
 Antimonii chloridi.....I dr.
 Brominii chloridi.....I dr.
 Farinæ and aqua...q. s. to form a thick paste.

To be applied on small portions of linen to the ulcerated surface.

The essential element he regarded was the chloride of bromine, the quantity of which he often increased to two or three drachms. The chloride of zinc was used chiefly for its hemostatic qualities, and he increased this ingredient when there was a marked tendency to hemorrhage. The pain of the application is considerable, and must be allayed by opiates. The application need not re-

main on more than twenty hours, and may then be replaced by an emollient cataplasm. About the eighth day the eschar should become detached and leave a healthy granulating surface. If any points remain of less satisfactory appearance, or still presenting cancerous ulcerations, a little of the caustic paste is again to be applied. Dr. Landolfi believed it best, though not in all cases indispensable, to administer the chloride of bromine internally in doses of one-tenth or one-twelfth of a drop, in pill form, twice a day, for from three to six months.

BOUGARD'S PASTE.

R	Hydrarg. chlor. cor.....	1 part.
	Acid arseniosi.....	2 parts.
	Hydrarg. sulphuret. rub.....	10 parts.
	Ammonium mur.....	10 parts.
	Farini trit.....	120 parts.
	Amyli	120 parts.
	Zinc chlorid. crys.....	120 parts.

CERNY AND TRUNECEK'S TREATMENT.

R	Acid arseniosi.....	1 part.
	Spts. vini. rect.....	75 parts.
	Aqua des.....	75 parts.

Mix, spread over the parts each day with a brush, until the entire cancer has sloughed off.

COSME'S PASTE.

The following is the formula of Cosme's Paste as modified by Herba:

R	Acid. arseniosi.....	1 part.
	Hydrarg. sulphuret rub.....	1 part.
	Ungt. aq. rosae.....	40 parts.

WHEELER'S PASTE.

R	Acid arseniosi.....	1 part.
	Morph. sulphate.....	1 part.
	Calomel	8 parts.
	Pulv. acacia.....	48 parts.

HUE'S TREATMENT.

Dr. Hue uses the following formula hypodermically:

R	Acid arseniosi.....	1 part.
	Cocaine hydro.....	5 parts.
	Aqua Des.....	500 parts.

Mix, inject into the substance of the cancer every few days. This treatment he employed in the treatment of internal cancers, where it seemed impossible to apply the plaster.

DAVISSON'S CANCER REMEDY.

For several years a man named Davisson resided near Lake Zurich, Ill., who established quite a reputation as a cancer specialist. The following formula is said to be the correct recipe for his plaster:

R	Rochelle salts.....	1 oz.
	Sulphur	1 oz.
	Sulp. zinc.....	1 oz.
	Arsenious acid.....	1 oz.

DR. FELL'S CANCER PASTE.

This is one of the oldest cancer remedies and was successfully used three-quarters of a century ago. The



The above cancer was removed with Dr. Fell's Cancer Paste, and illustrates before and one month after treatment.

author has used this paste several times with excellent success. The formula is as follows:

℞ Zinc chloride.....1 dr.
Pulv. sanguinar. rad.....1 dr.
Flour and aqua.....q. s. to form paste.

KLINE'S PAINLESS CANCER PASTE.

℞ White wax.....1 oz.
Fir. balsam.....2 oz.
Chromic acid.....1 oz.

Melt the wax and the balsam together, and add the acid slowly, stirring while cooling. Remove the cuticle by blistering if necessary, and apply the plaster, spread upon thin muslin. When a sufficient depth of tissue has been destroyed, slough out with poultices if necessary.

OZONE CANCER PLASTER.

A physician recently canvassed this country, selling a cancer cure under the above name, for the formula of which he charged from ten dollars up. Out of curiosity, I purchased the formula, which was as follows:

℞ Zinc chloride.....½ dr.
 Arsenious acid..... 1 dr.
 Powdered sanguinaria..... 1 dr.
 Flour and water.....q. s. to make paste.

In Southern Illinois a cancer cure has been extensively sold in a similar way, under the name of

THE HOWARD CANCER CLAY.

℞ Chloride of zinc.....1 dr.
 Powdered blood root.....1 dr.
 Pulv. charcoal.....1 dr.
 Aqua.....q. s. to make a paste.

While the above formulae possess a certain degree of merit it only illustrates "what fools these mortals be," who pay from ten to twenty-five or more dollars for a name and receive formulae which are the common property of the medical profession.

FUSCHIUS PASTE.

- ℞ Arsenious acid.....I oz.
Vegetable charcoal.....I oz.
Powd. serpentaria.....I oz.

Mix. Make into a thick paste with water and apply.

GUY'S ARCANUM.

This formula was held a secret for many years:

- ℞ Acid arsenious..... I dr.
Powd. sulphur.....I dr.
Peucedanum off.....I dr.
Ranunculus sylvestris.....I dr.

Mix. Make into paste with water.

ESMARCK'S PASTE.

- ℞ Acid arsenious..... I dr.
Morphine sulphate.....I dr.
Mercurous chloride, mild.....I oz.
Powd. acacia.....6 dr.
Aqua.....enough to make paste.
-

HEBRA'S PASTE.

- ℞ Acid arsenious..... I dr.
Mercuric sulphide, red.....3 dr.
Vaseline3 oz.

SHERMAN'S PASTE.

- R** Zinc chloride.....5 gr.
Alum5 gr.
Acid Tannic.....2 gr.
Persulphate of iron.....3 gr.
Glycerine.....q. s. to make paste.
-

LASSAR'S PASTE.

- R** Acid salicylic.....10 gr.
Powd. starch.....2 dr.
Zinc oxide.....2 dr.
Lard4 dr.
-

DR. LUTTERLOH'S PASTE.

- R** Sanguarinaria pulv.....1 part.
Galangal pulv.....3 parts.
Zinc chloride.....q. s. to make paste.

There are several other formulae of cancer plasters which could be added, but it would only be a repetition of those already given, somewhat modified, and by publishing them would not offer a means of broadening our knowledge on the subject, as what has been said will allow you to treat cancers as successfully as any specialist who holds his methods a secret.

THE RECTAL SPECIALIST.

Most practitioners have greatly neglected the treatment of diseases of the rectum, and like many other things, it has been rather a green pasture for the specialist. Although diseases of this organ have existed for centuries, the medical profession has been slow to recognize the different pathological conditions which exist, and until the invention of the speculum this was one of the unexplored parts of our anatomy, but by the use of this instrument, the surgeon may now have full access to different diseased conditions which exist. Until recent years rectal operations were considered of so grave a character that they could be successfully treated only by the regular surgeon, and I have no doubt that the treatment of diseases of the rectum would have still remained exclusively in the hands of surgeons if it had not been for the much condemned advertising and itinerant rectal specialist, whose visits invited competition and compelled local physicians to investigate his methods and devote more time to the treatment of rectal diseases.

The opinions of surgeons differ as to the best method of treatment for hemorrhoids. Allingham's ligature operation seems to be in general favor with most surgeons, but is considered by Dr. Pratt and others as "unscientific and a relic of past rectal inquisition." Allingham says that the clamp and cautery is six times as fatal as the ligature. Others speak of it as being a barbarous practice. The Whitehead and American operations are too tedious, difficult and bloody for the general practitioner, and few specialists care to undertake them.

We now come to the injection method, which has seldom met the approval of the regular rectal surgeon; on the other hand, he is ever ready to raise the following objections:

First—That it takes too long to effect a cure, owing to the fact that only two or three pile tumors can be treated at a time. It is quite true that this method takes longer, but we find that patients, as a rule, prefer longer and gentler methods of treatment to speedy cutting operations.

Second—That the operation is not uniformly successful. At this point we differ with him, as this method of treatment may be used with the same degree of success as other operations if the proper fluid is injected and the application made in the right place.

Third—That it cannot be used in external piles. This, to a certain extent, is true, although many operators are using it with a degree of success. We shall limit its application to internal piles and the ligature to the external.

Fourth—That it causes excessive sloughing. This is a great mistake. If the fluid is properly used, it will not cause any more sloughing than the ligature or cautery and it is surprising to note that the surgeon who advocates the cautery and ligature will condemn this method because it causes a sloughing of the pile tumor. Tell me how their methods cure if it is not by sloughing. That is what we make the injections for and the sloughing from this method is no greater than from theirs.

Fifth—That the method is more dangerous than other operations. We must admit that when this method of treatment was introduced into this country, unfortunately, it fell into the hands of not only a few unskillful practitioners, but also into the hands of some men who were entirely destitute of a sound medical knowledge, and outside of what they had learned about treating piles, knew nothing of the true and sacred mission of the healing art; hence the mortality which followed the operations of these men, who would buy some secret method and indiscriminately inject their fluids into the walls of the rec-

tum, cannot be compared with the careful and judicious way the method is being practiced to-day; but even as it was, this method of treatment compares quite favorably with other methods. Dr. Andrews has collected reports of 3,304 cases with thirteen deaths. This was when the method was in its infancy and used by unskilled operators, as just mentioned. Allingham reports six deaths in 5,863 cases from the use of the ligature. Dr. Matthews after successfully using the ligature in over a thousand cases reports one death from tetanus, also several alarming cases of hemorrhage.

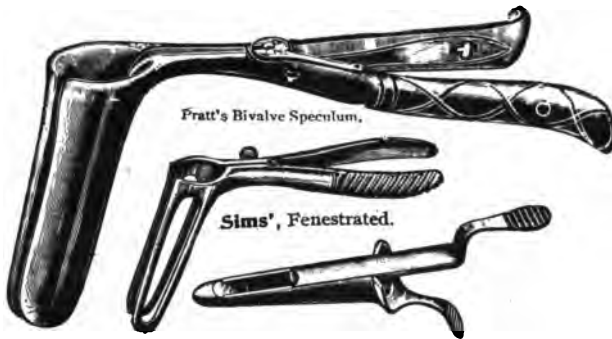
I am sure that the injection method is as free from danger as the cautery, for several cases of excessive sloughing and hemorrhage have followed that operation. Furthermore, I am satisfied that the injection method of treating hemorrhoids, where indicated, is fully as successful as any operation in use at the present time. With the right fluid, skillfully injected, this method may be used with uniformly curative results, and is free from all danger and practically painless.

The diseases of the rectum which the physician is called upon to treat are hemorrhoids, fissure, fistula, rectal ulcer, prolapsus and polypus, and in order that these conditions may be successfully treated, it is necessary that the operator should have a thorough knowledge of the parts. A detailed description of the anatomical, hystological and pathological conditions of this organ would be rather out of place in this book, but this information is accessible to every physician in other works, and it will repay him to devote his time in studying them.

DIAGNOSIS OF RECTAL DISEASES.

When a patient consults you in regard to any form of rectal disease, he will almost invariably tell you that he has piles. This is the extent of his knowledge in the

matter. After he has described his ailments as best he can, the physician may often determine the nature of his disease by carefully questioning him. Pain will, no doubt, be the most prominent symptom. The pain from a fissure, fistula or hemorrhoids may often be told by its character. Is there constipation or diarrhœa? How long has his disease been existing? Is there a discharge of blood or mucous? Do the bowels protrude during defecation? Does he have an irritable bladder? etc. After you have a history of his case, it is always best to request him to submit to a local examination, as this will allow you to obtain a more thorough knowledge of his



The Brinkerhoff Speculum.

case. No patient with an atom of common sense will object to this, and by placing the patient on a table, either in the Sims or the Lithotomy position, with the aid of a good light and the speculum, you can determine the exact nature of his trouble. This brings us to the point of considering the value of different speculums. For the preliminary examination of the rectum and a few minor operations I prefer a very small Sims speculum. This can be introduced with but little pain and will reveal the condition of affairs. For operating by the injection method, the Brinkerhoff speculum is, beyond a doubt, the best instrument in existence. This speculum is a hollow, conical tube, with a slide which can be with, drawn, exposing the surface you wish to operate on. It

also has the advantage of a reflector in the end which throws light on all sides of the tumor. Another good feature of this speculum is, that its tubular shape will act as a basin to catch any superfluous fluid which may escape while injecting. In this way you will cauterize only the surface of the rectum which has been punctured.

For dilating and other operative work Pratt's bivalve speculum is to be recommended. All speculums should be well oiled with vaseline and heated to the temperature of the body before introducing them. After learning the nature of the diseased condition which exists, we will next consider its treatment.

HEMORRHOIDS.

These are generally classified as external and internal tumors, resulting from a varicose condition of the hemorrhoidal veins or other blood vessels, of the rectum. The former have their attachment outside of the external sphincter, while the latter have their attachment inside the grasp of this muscle, but can be forced down by straining if they are of sufficient size. Internal hemorrhoids are covered with mucous membrane and may be found of almost any shape, size and color. The color will generally indicate whether they are of a venous, capillary or arterial origin. Venous hemorrhoids are bluish in color unless they are strangulated, when they become more purple. Capillary hemorrhoids are of dark color. They are not painful, but bleed easily. Arterial hemorrhoids are of a brighter red appearance, are irritable, and also bleed freely.

External hemorrhoids are visible to the eye without the use of the speculum, and may assume different shapes and color. The skin and mucous membrane covering external piles is extremely sensitive, while internal piles are nearly devoid of sensibility. All forms of piles seem

to have a remarkable erectile power, much resembling the corpus spongiosum of the penis, and, if handled roughly, will become more prominent. This is very advantageous to the operator as it brings them into more prominence, where they can be easily treated.

TREATMENT OF HEMORRHOIDS.

The words knife or surgical operation pierces the ears of most patients almost as keenly as the instrument itself, and if they are assured that they can be cured without pain, detention from business, and cutting operations, without endangering their lives, they are sure to favor such a procedure. Thus we find that patients will submit to the injection treatment when they would prolong their suffering in silence rather than undergo a surgical operation.

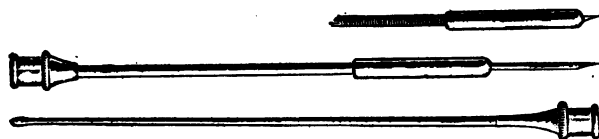
The injection treatment has many advantages other than the ones just mentioned, from the physician's point of view. The busy general practitioner can not always devote the time to learning the technique of cutting operations, as it is a well known fact that such operations require much skill and practice, and the practitioner who sends all his rectal patients to the surgeon, is depriving himself of both reputation and revenue which could be retained by the use of this method.

Since the injection treatment has been used, nearly every caustic in the vegetable and mineral kingdom has been tested, but it is the universal opinion of physicians who use this method that carbolic acid, either used single or in combination with other remedies, is the best, and that better results can be obtained from a forty per cent. or stronger solution than from the weaker ones. The following formula is the most generally accepted one:

R Carbolic acid.....40 parts.
Olive oil.....60 parts.

Mix. Sig.—Inject enough of the fluid to change the color of the tumor to a grayish white. The amount of the fluid required to accomplish this will depend upon the size of the tumor. Small tumors require only from one to three minims, while larger ones will require more.

The hypodermic syringe for hemorrhoidal work should have a large piston-head and strong finger-brace. The piston stem should be graduated in minims with a set-screw. After you determine the amount of fluid a pile tumor will require, regulate the set-screw on the piston-stem so as to get about the amount of fluid you will require for each injection. In this way you can determine the exact amount of fluid used in each operation. The Hypodermic syringe plays quite an important part in the different operations mentioned in this book, and we



GUARDED NEEDLE AND CANULA.

wish it understood that when we use the term minims we mean minims as regulated by the piston and set-screw of the syringe, and not drops as they are ejected from the point of the needle, as there is quite a difference, for five graduated minims will be equivalent to nearly fifteen drops if a fine needle is used. The hypodermic syringe is more thoroughly discussed in the obtundent system of painless dentistry on another page to which you are referred.

The needle used for injecting hemorrhoids should be of extra length. I prefer a needle with a finer caliber than most operators use, as the larger needles have a tendency to allow the fluid to escape more freely when it is withdrawn, and thus cauterize the healthy walls of the rectum.

Needles for this work should have a set-screw near the point, which will prevent you from puncturing the

opposite walls of the tumor and injecting the fluid where it is not required. If you have a plain needle, you can regulate the depth of the injections by putting a very small piece of paper on the needle at the distance you deem necessary from the point.

HOW TO OPERATE.

After you have examined the patient and located the piles you wish to treat, the Brinkerhoff speculum should be gently introduced and the slide withdrawn, so that the tumor will protrude through this opening. This will give you full view of the tumor. The patient may be placed on either side, or on his back. He should always be placed in such a position as to allow the tumor to point downward if possible. This has two advantages, first, you are not so liable to inject the fluid too near the base of the tumor; second, if any fluid should escape when you withdraw the needle, it will be caught by the speculum. There will not be an overflow, however, unless you use too large a needle and withdraw it too quickly.

After you have exposed the tumor to full view, tell the patient to strain a little, then take a wire snare, such as is used in throat and nose work, and surround the tumor you wish to inject. Do not make sufficient tension on the snare to cut the tissues, but just enough to restrict its base. The needle should now be inserted about one-third the distance from the apex. The injection should be made as near the center of the tumor as possible and forced into the pile a drop at a time. This will allow the coagulum to gradually form and avoid forcing any of the contents of the tumor back into the main blood vessels. If the tumor is an extra large one, several injections may be required to thoroughly cauterize it. The needle should be gently withdrawn and, if any blood should follow its withdrawal, it indicates that

there has not been enough of the fluid used and the operation should be repeated. One who is not accustomed to making these injections might think the operation would be attended with pain, but such is not generally the case, as carbolic acid is a powerful anæsthetic when used in this strength. If there should be pain, it generally comes on a few hours after the operation, and indicates that the injection has been made too near the base of the tumor into the deep structure. This should be avoided, as extensive ulceration has been attributed to this mistake. The tumor should be covered with an ointment composed of boric acid, two drachms, and vaseline, six drachms, and the speculum withdrawn. Not more than two small or medium sized, or one large pile tumor should be treated at a time and two or three weeks should elapse before another treatment. It is always best to treat the large tumors first, for as soon as they are removed, the smaller ones are thrown into better view.

There are several complications to be considered in all rectal operations. Retention of urine may follow an operation. This can be relieved by the catheter or other treatments. Constipation is present in a large majority of people who are suffering with piles and great care should be taken to relieve the patient of this difficulty as it has a decided tendency to retard the progress of your treatment. Secondary hemorrhage is a complication of all rectal operations, but it seldom occurs with the injection treatment. If it should occur, the rectum should be tamponed above the bleeding point and astringent applications made to the bleeding surface.

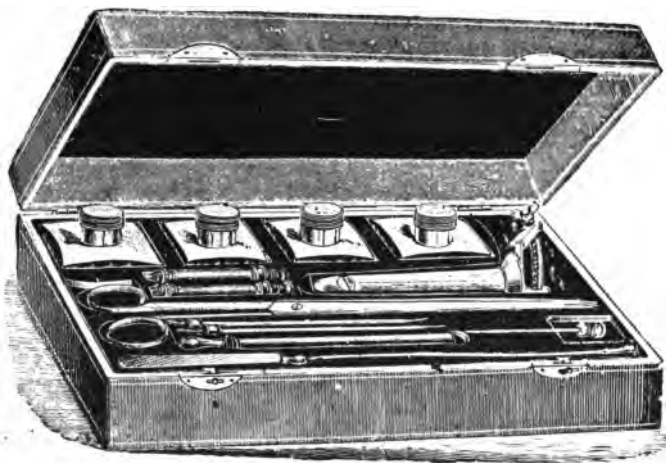
Extensive ulceration will not occur unless the injections have been made too deep. These ulcerations can be treated like other ulcerations of the rectum.

One of the dangers which has been pointed out by surgeons opposed to this method is, that the injection fluid might form a thrombus, but I am doubtful if any such complication ever occurs. This can be guarded against, however, by the use of the circular pressure at the base of the tumors with a snare as described before. It might be stated that weaker solutions of carbolic acid

would have a tendency to produce this condition more than the stronger ones, as the latter make a complete coagulum and cauterize the tissues as completely as the actual cautery.

EXTERNAL HEMORRHOIDS.

There are certain forms of external hemorrhoids that can be successfully treated by the injection method. These tumors are of recent formation and decidedly vesicular.



PHYSICIANS SUPPLY COMPANY'S RECTAL SET.

This makes a very convenient set for the Rectal Specialist. It contains four metal screw-top bottles for holding medicines, two syringes, one Brinkerhoff speculum, one rectal polypus or dressing forceps, one suppositor for ointments, one silver probe-pointed canula, one guarded and one plain hypodermic needle.

Pile tumors which are hard and fibrous should be removed by excision or the ligature. Many prefer the latter because it is practically bloodless. The minute details of these operations are given in nearly all works on sur-

gery and it will not be necessary to repeat them here, but I will give you a brief outline of the operation, which is very simple.

These tumors do not require the use of the speculum as they are already exposed to your view. Anæsthetize the surface to be operated upon by first saturating a piece of absorbent cotton with a ten per cent. solution of cocaine, and cover the parts. This is applicable only to tumors that are covered with mucus membranes as the anæsthetic will have no effect upon the skin. This should be allowed to remain about ten minutes. Then inject a three per cent. solution of cocaine as given in formula No. 3 in the Obtundent formula on another page. These injections should be made just under the skin or the mucous membrane around the base of the tumor. The snare should now be applied at about the place you have made the injection, or just a little above, and sufficient force used to make circular pressure around the tumor without cutting the surface. Now take a knife or a pair of fine-pointed scissors and sever the outer integument along the line of the snare, being careful not to cut too deep. This incision severs the nerves of sensation and will lessen the suffering and also hasten the sloughing process. The ligature can now be applied to the cut surface and the tumor strangulated. I generally use two silk ligatures and tie several knots in each. This will prevent after-hemorrhage.

After the tumor has been thoroughly ligated, snip off a little of the summit of the tumor and dust the parts well with antiseptic powder. Apply over this a piece of absorbent cotton and a bandage. If the patient suffers much pain after the operation, he can be allowed sufficient morphine to quiet him.

FISTULA.

It is claimed by Allingham that two-thirds of the rectal operations performed at the St. Mark's Hospital, London, were for fistula, but American surgeons find

hemorrhoids the most common affection. There are several varieties of fistula, generally classed as complete, which have an external and an internal opening; internal incomplete, which have an internal opening leading to a blind pouch which may become a receptacle for foreign matter; external incomplete, with an external opening only. The complete and external incomplete are very easily detected by the eye by their openings. The internal incomplete may require the use of the speculum.

Fistulas are not always attended with severe pain, but they give the patient a feeling of uneasiness, owing to the discharge from them, which may cause a soreness or itching at the anus.

DIAGNOSIS AND TREATMENT.

If on examination, we find an external opening, we can determine whether or not the fistula is complete by inserting a probe into the opening and following the point of the probe with the finger in the rectum. If the internal opening is a little obscure injections of antiseptic colored water injected into the external opening can be seen oozing through the internal orifice.

After determining the nature of the affection, we can apply the treatment we deem required. Most operators prefer to treat these affections upon a surgical basis. For the details of these operations we refer the reader to any text-book on surgery. There are several ways in which this ailment can be cured, however, without resorting to surgery. The oldest of these is the ligature, which is said to have been used by Hippocrates.

This method consists in passing a ligature through the sinus into the bowel and tying it outside allowing the ligature to gradually cut its way to the external surface. The silk ligature was soon replaced by the rubber ligature as the contraction of the rubber would have a tendency to cut through to the surface in less time, gen-

erally requiring from five to ten days. If the rubber should break or become relaxed, the operation should be repeated. Rubber ligatures should never be tied, but the ends placed in a small piece of lead and pinched together so as to avoid slipping.

Another way of successfully treating many cases of fistula is to first inject peroxide of hydrogen into the cavity. After this has thoroughly "boiled out", the pus, the interior of the fistulous tract should be scarified by passing a probe or a scarifier up and down the canal several times; then inject carbolic acid through a silver probe canula, commencing at the internal opening. Gradually withdraw the probe and press out a drop at a time. The finger should now follow the canal and press out the excess of acid, if there should be any. This can be followed up by an injection, at least once a week, of eucalyptol, thoroughly saturating the cavity. Brinkerhoff used the following mixture which he called "Ulcer Specific":

℞ Dist. ext. hamamelis.....5 dr.
 Liq. ferri. subsulph.....1 dr.
 Acid carbol. cryst.....2 gr.
 Glycerine2 dr.

Mix. Sig. Inject ten or fifteen drops deeply into the fistula and press the tract of the fistula with the finger to force the fluid more deeply in.

The principal thing to avoid is having the external opening heal before the internal. You should always keep the external orifice open; this will allow free drainage for the septic fluids as the healing process should start from within and work towards the surface.

FISSURE.

Of all diseases of the rectum a fissure is the most painful. To the inexperienced, it would seem almost impossible that such an innocent-looking little ulcer could

cause so much suffering. It is, however, the cause of intolerable pain and gravely disordered reflexes.

A fissure is simply an ulcerated abrasion of the mucocutaneous membrane which lays bare certain nerve fibers which come in contact with foreign matter and produce spasmodic contraction and pain of an intense character. The treatment of a fissure is the simplest known in surgery and it can be cured in several ways. Dilating the sphincters to the full extent with a Pratt's bivalve speculum will, in nearly every case, effect a cure. If you haven't a speculum at hand, the thumbs of each hand can be inserted into the rectum and the same force applied. Patients can object to this treatment for no other reason except that they should take a general anæsthetic. If patients fear this, you can effect a cure by saturating a piece of absorbent cotton with a ten per cent. solution of cocaine and allow it to remain on the ulcer for five or ten minutes, then scarify the surface and apply a solution containing equal parts of carbolic acid and glycerine. This will convert the ulcer into a simple sore which will rapidly heal by keeping it dressed with antiseptic powders or ointment.

RECTAL ULCERS.

Situated above the anus are not of uncommon occurrence and give rise to many reflex troubles. These ulcers may be caused by mechanical injury, as from introducing the nozzle of a syringe, or by a seed lying in the folds of the mucous membrane. They may also result from simple inflammatory or specific diseases.

Ulcers of the rectum are attended with pain and tenesmus and a feeling of uneasiness in the lower bowel. There may be a discharge of pus, mucous or blood. Morning diarrhœa is nearly always present, although in some cases the bowels are constipated.

If ulceration of the rectum is suspected, the speculum should be introduced and the extent and character of the ulceration ascertained. If they should be due to syphilis, constitutional treatment alone is all that will be required, but, if from any other cause, they will require local medication, in the form of antiseptics and astringents.

When ulcers can be outlined through a speculum, they may become converted into a simple sore by saturating the surface with nitrate of silver, seventy grains to an ounce of water. This can be applied with a cotton pointed applicator or the surface can be anæsthetized with a ten per cent. solution of cocaine, then scarified and touched with a solution containing one drachm of carbolic acid and three drachms of olive oil. These treatments should be applied by the physician once or twice a week. The patient should also be supplied with an antiseptic astringent home treatment. The vaginal suppositories as given on another page in the chapter on diseases of women, form the best treatment to my knowledge, and they are used with wonderful curative results in all cases of rectal ulcerations and inflammations. The patient should insert one of these suppositories up the rectum at the ulcerated surface each night before going to bed and after the bowels move in the morning. These suppositories contain a happy combination of remedies which is all that can be desired to promote healing, and extensive ulceration will rapidly yield to their use.

PROLAPSUS OF THE RECTUM.

This condition is of quite common occurrence in children and is also occasionally found in adults and is frequently associated with hemorrhoids. This protrusion of the rectum is generally due to excessive straining at stool, or in patients who are paralyzed. The walls of the rectum can easily be placed in their normal position by lubricating the forefinger with vaseline and inserting it

into the rectum and gently pushing the membrane over the finger into the orifice.

The patient should be supplied with antiseptic and astringent treatment such as the vaginal suppository just mentioned, and be instructed to avoid straining at stool. If the bowels are constipated, treatment should be directed so as to produce free watery stools without straining. If the prolapsus is due to hemorrhoids, they should be removed; this will also cure this condition.

POLYPUS OF THE RECTUM.

Polypoid tumors are found in the rectum the same as on other mucous membranes. The treatment is very simple. They may be removed either by injecting the same hemorrhoidal fluid as that used for piles into the pedicle of the tumor, or they may be ligated at the base of the pedicle and the top cut off. They may also be removed by the snare, and the pedicle cauterized. Polypi have a tendency to bleed quite freely at times and the treatment should be directed to avoid this complication.

PRURITUS.

This is a very common and troublesome ailment. It may be caused from acid, mucous, or purulent discharges from the anus. Some physicians believe many cases are of a purely parasitic origin. The following formula has always been very serviceable in my practice:

℞ Acid carbolic.....20 gr.
 Camphor20 gr.
 Zinc oxide.....15 gr.
 Vaseline 1 oz.

M. Sig. Apply to the surface two or three times a day.

The following formulae have been advocated and successfully used by their originators in the hypodermic treatment of piles:

POWELL'S FORMULA.

R Acid carbol. (crystals).....2 dr.
 Tinct. thuja.....1 dr.
 Aqua dest.....q. s. ad. 1 oz.

OVERALL'S FORMULA.

R Acid carbol.....1 dr.
 Fl. ex. ergot.....1 dr.
 Ol. olive.....1 dr.

BRINKERHOFF'S FORMULA.

R Carbolic acid.....1 oz.
 Olive oil.....5 oz.
 Chloride of zinc.....8 gr.

The little pamphlet furnished to the itinerants purchasing the "System" directs that the amount of injection inserted into the tumors shall be as follows:

Largest piles.....8 min.
 Medium piles.....4 to 8 min.
 Small piles.....2 to 3 min.
 Club-shaped painless piles near orifice 2 min.

"Brinkerhoff's System" forbids the injection of any but internal piles.

RORICK'S FORMULA.

R	Carbolic acid.....	2 dr.
	Glycerine	2 dr.
	Fl. ex. ergot.....	1 dr.
	Water	1½ dr.

DR. GREEN'S FORMULA.

R	Carbolic acid.....	1 oz.
	Creosote	10 min.
	Acid hydrocyanic.....	1 min.
	Olive oil.....	1 oz.

DR. SMITH'S FORMULA.

R	Acid carbolic.....	35 parts.
	Fl. ext. ergot.....	20 parts.
	Glycerine	30 parts.
	Distilled water.....	15 parts.

DR. SHUFORD'S FORMULA.

R	Sodium biborate.....	1 dr.
	Acid salicylic	1 dr.
	Glycerine	1 oz.
	Acid carbolic.....	3 dr.

Mix. Sig. Inject three to five drops in small and eight or ten or more in large ones.

DR. HOYT'S FORMULA.

R	Acid carbolic.....	80 min.
	Ext. hamamelis, (Pond's).....	6 dr.
	Distilled water.....	6 dr.

THE HERNIA SPECIALIST.

The treatment of hernia by the subcutaneous injection method was first practiced by Joseph Pancoast, M. D., of Philadelphia, and a report of his success was published by Dr. Warren, of Boston, in 1867. Afterwards Dr. Heaton, also a Boston surgeon, proposed a radical cure for hernia; which had been successfully used by himself in a number of cases, by what he called tendinous irritation. It is also stated that Dr. Heaton was assisted by Dr. Warren in perfecting his method of treatment. This method differed somewhat from that of Dr. Pancoast in points of detail and the irritant employed. Although these surgeons made some remarkable cures, they met several cases where disastrous results followed the injections and the system was finally abandoned and lay dormant for several years. It was afterwards revived, however, and today it is receiving the attention it justly merits.

At the present time, this method of treatment is placed upon a sound therapeutical foundation. With the advantages of antiseptics, and the present enlightenment upon the subject, it allows the general practitioner to treat these afflictions with a more marked degree of success than other means of surgical interference, and avoids the dangers which are always connected with surgical operations.

The injection method for the radical cure of hernia has only one object in view, which is, to close the canal, and thus prevent the descent of the bowels and membranes.

That the injection method offers many advantages superior to surgical interference, is beyond a doubt, as it is perfectly safe, and nearly free from pain. It will not detain the patient from business, and a permanent cure can be obtained in fully eighty-five per cent of all cases in which it is applicable.

This method of treatment can be adopted in any case of hernia which may be reduced and retained by a suitable truss. This is absolutely necessary to insure good



results. There are several good trusses on the market. The accompanying cuts illustrate the ones which are most generally used.

If the patient should fail to have a properly fitted truss, he should be supplied with another. The physician should take the measurements and also superintend its first application. The patient should wear the truss for several days previous to the first operation to make sure that it holds the hernia perfectly. In selecting a truss, the following rules are to be observed: Never accept a truss until you get one which fits properly; try it

by putting it on and stooping down and rising up suddenly; cough violently and persistently; separate the limbs when sitting down and go through various motions. Of course the truss is not a proper fitting one if it allows the hernia to slip while going through these experiments.

In wearing a truss, the following precautions must always be taken: Never take off a truss unless you are in a recumbent position; rub the parts thoroughly when putting the truss on. The truss should be removed the last thing before retiring, and put on the first thing in the morning. In many cases, it is best to wear the truss night and day while you are giving the treatment. After you are satisfied that the truss is a perfect fit, and it has been thoroughly tested, the patient is ready for treatment.

THE INJECTION FLUID.

This is a very important thing to be considered, and should consist of such remedies as will create a mild irritation without excessive inflammation, and throw out sufficient plastic and adhesive material to unite the parts, and close the canal.

Since the discovery of the injection method of treating hernia, many remedies have been tried with a view of accomplishing this result. Dr. Pancoast commenced the treatment by injecting tincture of iodine and cantharides. This was followed by Heaton and Warren, by the use of quercus alba, which is one of the principal drugs in use at the present time. The following formula is an excellent one and was sold to an Ohio physician with the exclusive right of use for that state for eighteen hundred dollars. This offers us another illustration, of what can be done by the professional promoter, who has a secret system and territorial right for sale.

EXCELSIOR HERNIA FLUID.

R	Zinc sulphate.....	10 gr.
	Carbolic acid.....	6 min.
	Guaiacol (pure).....	15 min.
	Thuja (Lloyd's specific tinct.).....	1 dr.
	F. E. quercus alba (F. D. & Co.).....	2 dr.
	Oil of cinnamon.....	2 min.
	Glycerine	2 dr.
	Aqua.....	q. s. ad. 1 oz.

Mix. Dissolve the sulphate of zinc in the water, add the glycerine, carbolic acid, oil of cinnamon and guaiacol, then, when thoroughly mixed, add the other drugs. This should stand for a few days and be shaken frequently and finely filtered through absorbent cotton.

In resuming the therapeutical effects of this formula, we have a mild astringent antiseptic and an irritant which will abstract from the surrounding tissues sufficient plastic material to unite the walls and close the inguinal canal.

DIRECTIONS FOR USING THE FLUID.

After you are satisfied that the patient has a well-fitting truss and one that will hold the rupture under all circumstances, you may commence treatment with every assurance of success, but if the truss allows the hernia to protrude occasionally, you cannot expect to receive the results from the treatment which you otherwise would. This is a very important thing to be observed, for after the treatment has been commenced, the hernia should never be allowed to descend, even if the patient has to wear the truss day and night.

The injections should be made when the patient is in a reclining position. The parts should be thoroughly washed with some antiseptic solution. The needle and syringe should also be clean and aseptic. The best place to make the injection is on a surgical chair or table, with the head slightly lowered so that the bowels will have a tendency to gravitate away from the canal. The hypodermic needle for this work should be a little longer than the ordinary needle. A hypodermic syringe with a glass cylinder is all that is required. After drawing the fluid into the syringe, the needle should be pointed upwards and sufficient pressure made to force all the air out of the



The above illustrates the method of making the injections.

syringe. The set screw on the piston should be adjusted to regulate the amount of fluid used at each injection, which will vary from two to ten or more minims. I generally commence by using two minims and increase each injection as the case requires. After the patient has been prepared for the operation, the operator, if right handed, should take a position at the left side of the patient, and with the fore finger of the left hand, invaginate the canal to the point of the internal opening. He should now grasp the integument with the finger in the canal and the thumb on the external surface, and elevate the tissues somewhat. This draws the tissues away from the cord and avoids any danger of puncturing the contents. The needle should now be passed through the tissues directly

over the end of the inside finger until it has reached the canal. The canal can be determined by the inside finger, which only has the covering of the thin scrotal wall. You can generally determine when you have entered the canal as the needle meets with little or no resistance and can be moved around quite freely. The fluid should now be injected slowly and deposited at several different places at the highest points of the opening. You should always avoid making the injection too low in the canal, for if it should close the canal too low down, it will prevent invagination and the application of the treatment at the point it is required. After the needle has been withdrawn, the point of injection should be gently massaged. This will have a tendency to scatter the fluid and cause it to cover a greater area. The truss may now be replaced, which gives constant pressure on the parts and the patient allowed to go about his business.

The treatment will cause him but little annoyance. The parts treated will have a somewhat uneasy feeling, which is due to the mild inflammatory action the injection has caused. This will subside in a few days, when the treatment should be repeated. The succeeding treatment should not be applied until the soreness from the last treatment has abated. I commence the treatment by injecting one or two minims and request the patient to call at the office in a few days, or as soon as the soreness leaves. At the next treatment the injection is increased one or two minims. I always govern the amount of the injection by the condition of the patient. The injection should never be made as long as there is any inflammatory action existing. As soon as you have determined the amount of fluid each case requires to produce the desired amount of irritation, the following treatments may be given in the required amounts, which will vary from three to ten minims. The average dose, however, will be four or five minims.

The length of time required to effect a cure depends upon the condition of the patient and the size of the opening. Young and vigorous patients, whose tissues are

firm, can be cured more rapidly than older people whose tissues are flabby and relaxed.

After the patient has had several injections, you may make a test to find out if the treatment has been successful. This test should be made in your presence. The patient should first be in the recumbent position and be instructed to cough. If the hernia has a tendency to come down, the treatment should be continued, but if sufficient adhesions have taken place to retain the bowels, the patient may try the same experiment when standing up, and the different motions may be gone through as when he was testing the truss. The physician should place his hand over the parts where the injections were made when he is testing the results of the treatment, for if there should still be a weakness, the physician can detect the vibration. If you are satisfied that the cure has been complete, the patient should be instructed to wear the truss for another month or so and another test made. If all is well, the patient can remove the truss unless he is a laboring man and does heavy lifting. If such is the case, it is well that he should wear the truss for a while when engaged at such work, but finally it may be given up altogether.

Physicians have been rather timid in applying this method of treatment for fear they would produce some of the bad results that were formerly witnessed before the days of antiseptic surgery, but I wish to state that this method of treatment is perfectly safe, if a reasonable amount of skill is exercised in carrying out the details of the operation. I have never seen a case of peritonitis, orchitis, abscess or injury to the cord occur. If the inflammation should be a little more extensive than you expected, it is due to the use of too much of the fluid. This will subside, however, in a few days, and may be treated the same as inflammations elsewhere, but rest for a day or two is generally all that is required.

The following formulæ have been collected from time to time and represent a few of the different treatments used by different operators:

HEATON' FLUID.

This is one of the oldest fluids in use and the original way of preparing it is as follows:

℞ F. Ex. quercus alba (Thayer's)
 prepared in vacuo..... $\frac{1}{2}$ oz.
 Alcoholic solid Ex. quercus alba.....14 gr.
 Morphine $\frac{1}{2}$ gr.

Mix. Triturate with the aid of gentle heat for a long time in a mortar until the solution is as perfect as possible. It is well not to exceed this amount of the solid extract, else the mixture will be too irritating. Dr. Heaton usually prepared a quantity of this mixture sufficient for a six months' supply, and was very cautious in using it at first, adding a little more of the solid or fluid extract, accordingly as he observed that it produced too little or too great an effect. The amount of this fluid used at each operation is about ten minims.

DR. FIELD'S FLUID.

℞ Zinc sulphate.....15 gr.
 Alcohol 2 dr.
 Acid carbolic..... 30 gr.
 Aqua..... q. s. ad. 1 oz.

Mix. Inject from five to ten drops at each operation.

DR. PROVOST'S FLUID.

-
- ℞ Guaiacol30 min.
 Zinc sulpho-carbolate.....10 gr.
 Creasote beechwood.....30 min.
 Tannin-glycerite.....q. s. ad. 1 oz.

Mix. Reduce from ten to fifty per cent. with alcohol, and inject four or five drops, which can gradually be increased as the case requires.

DR. SAUNDER'S FLUID.

-
- ℞ Zinc sulphate..... 2 gr.
 Creasote 2 min.
 Guaiacol 2 min.
 F. E. hamamelis.....30 min.
 Glycerine30 min.

Mix. Inject two to four minims.

DR. WALLING'S FLUID.

This fluid is sold at \$2.50 for a two-drachm vial. He publishes the following formula, which is so complicated that it would require further instructions to properly prepare it:

- ℞ Complex salts of aldehyde.....30 per cent.
 Iodo-ethylate of guaiacol.....30 per cent.
 Sulpho-tannate of zinc.....20 per cent.
 Free guaiacol..... 5 per cent.
 Beechwood creasote.....15 per cent.

The above formula is a fair example of many of the so-called non-secret remedies (?) which are offered physicians with every intention to deceive them.

THE FIDELITY FLUID.

The following formula has been published as the exact formula of the fluid used by this company:

R Carbolic acid.....95 per cent.
Glycerine
Alcohol.....a. a. p. e.
Tinct. iodine.....q. s. color.

THE MILLER TREATMENT FOR HERNIA.

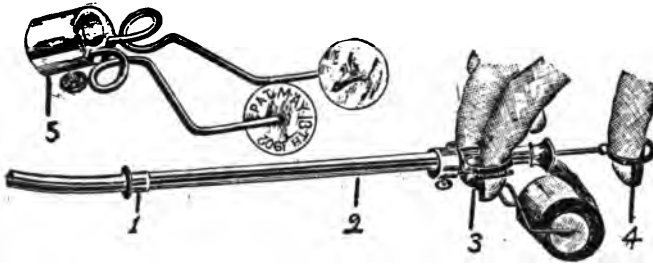
This company used both the hypodermic method of treatment and an external astringent. The injection fluid was the same as that proposed by Dr. Heaton. The external astringent, which was to be applied by the patient, was as follows:

R Tinct. iodine comp.....
Soap liniment.....a. a. p. e.

"No present health can health insure
For yet an hour to come.
No medicine though it oft may cure
Can always balk the tomb."

THE GENITO-URINARY SPECIALIST.

Before giving the treatment for genito-urinary and female diseases, I wish to direct your attention to an instrument which is indispensable to any physician who treats these affections. This instrument is known as the Universal Applicator and is designed from what was



UNIVERSAL APPLICATOR WITH ATTACHMENTS.

1. Movable Guide, for intra-uterine application. 2. Hollow Tube, through which treatment or gauze is passed. 3. Finger Brace. 4. Piston Head. 5. Detachable Reel, for packing gauze.

formerly known as Wood's Gauze Packer. It has such a wide range of usefulness that its name scarcely describes it.

This simple little instrument may be used to apply treatment in powder or bougie form to any cavity or canal and is equally useful in applying treatment to the nose and throat, rectum, male or female urethra or the intra-uterine surface.

It offers a means of applying treatment to the prostatic and other parts of the male urethra, and well fills the capacity of a catheter, or it may be used to give a recurrent douche to the bladder or the intra-uterine surface. It may also be used as a gauze packer, to apply antiseptic dressings or to check hemorrhage in the nose or the uterus. In fact its scope of adaptability is greater than that of any instrument I have any knowledge of, as the illustration will demonstrate.

DISEASES OF THE PROSTATE GLAND.

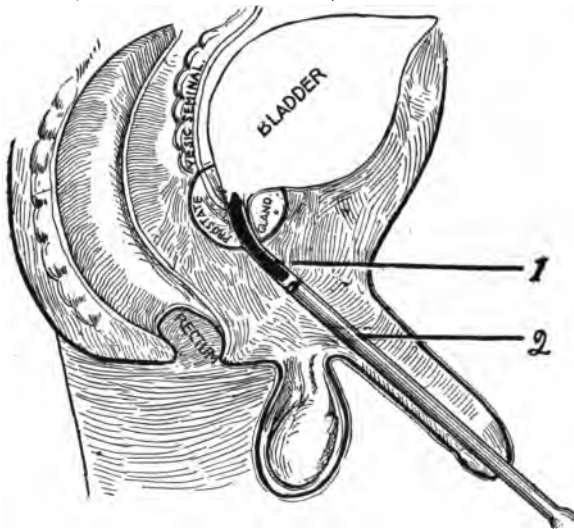
Enlargement and hyperæsthesia of the prostate gland are extremely common affections and our best authors have asserted that fully one-third of all men between the ages of thirty-five and sixty have disease or weakness of this organ. I will not attempt to give the pathology and symptoms of the different diseased conditions which exist, as they are familiar to most physicians. I wish to describe a special method of treatment, however, which has been uniformly successful as a palliative and curative treatment in a great number of cases, and will yield as good results as many surgical and electric measures.

In treating diseases of glandular organs the process of cure is naturally slow. This is especially so with the prostate gland, the location of which is so relatively influenced by external and internal disturbing elements as to render an impediment in restoring the diseased organ to the normal.

Its anatomical situation is such that bicycle or horse-back riding or sitting in cold, damp places exposes it to external detrimental influences, while inflammatory conditions of the bladder, hyperacidity of the urine and excessive sexual indulgence deter the process of cure.

The treatment for enlarged prostate should consist

of both local and internal medication. The internal treatment should consist of such remedies as will render the urine somewhat alkaline, allay vesical irritability and also have a special effect in controlling the vascular supply to the prostate. For such conditions saw palmetto, buchu, triticum repens, pichi, oil of sandal-wood, uva



The above drawing illustrates the method of applying medicated bougies to the prostatic and other parts of the male urethra.
1. Medicated bougie. 2. Applicator.

ursi and eucalyptus may be used with good results. The following in tablet form has been particularly serviceable in my hands. Each tablet contains:

R	Boracic acid.....	2 gr.
	Potassium bicarb.....	2 gr.
	Ext. buchu.....	1 gr.
	Ext. triticum.....	1 gr.
	Ext. corn silk.....	½ gr.
	Ext. hydrangea.....	½ gr.
	Atropine sul.....	1-500 gr.

Sig. a tablet six times a day.

A combination of bromide of potassium, ergot and tincture of gelsemium may be indicated if there is an increased vascular supply and hyperactivity of the sexual system.

The local treatment should be applied to the prostatic part of the urethra in the form of a medicated gelatin bougie. By the use of the applicator (see cut) the following remedies incorporated in a bougie and used once or twice a week are very gratifying to both physician and patient:

R	Eletarium.....	1-30 gr.
	Hydrastine	$\frac{1}{4}$ gr.
	Cocaine	1-10 gr.
	Ichthyol	2 gr.

The above remedies act as a sedative and antiphlogistic and although we usually expect only palliative results, in many cases of long standing, in other patients



URETHRAL MEDICATED BOUGIE.

To be used with Universal Applicator—Seven-eighths size.

all symptoms of hypertrophy seem to leave and the difficulty of expelling the urine and clearing the urethral canal are permanently overcome.

SPERMATORRHOEA.

There is no other subject in medical literature which has been more misused than that of spermatorrhœa. The medical profession at large have almost ignored the subject, this being perhaps due to the obnoxious literature which is supplied to the layman by the advertising physician, who attempts to make a large majority of his patients believe that they are afflicted with the disease and are rapidly going into a decline. This subject has so many good talking points regarding the "sapping of

vitality," etc., that any patient who has a slight discharge of mucous from the urethra when straining at stool or otherwise is advised of the horrors of premature decay, associated with this disease. This is the state of mind which the so-called quack desires, for the more his patient broods over his imaginary spermatorrhœa, the more compensatory the case will be and the greater the praise when finally cured.

The facts are that spermatorrhœa is not a very common disease, but when it does exist will often require the utmost skill of the physician to effect a cure. The anaphrodisiac remedies are the most popular routine methods of treatment. The following in tablet form taken before retiring has produced good results in depressing sexual excitability in many cases:

R Sodium bromide.....	5 gr.
Acetanilid	2 gr.
Hyoscyamine	1-400 gr.
Digitalin	1-400 gr.

As a single internal remedy for nocturnal emissions and spermatorrhœa salix nigra heads the list. It should be given in thirty-drop doses of the fluid extract before going to bed. This remedy acts like magic in many cases and should be one of the first to be considered.

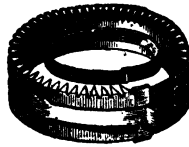
Direct medication to the prostatic urethra and the ejaculatory ducts when judiciously applied offers one of the best methods of treatment. The following remedies incorporated in a gelatin bougie make an excellent application and this form of treatment has cured many cases where other treatments have failed. Each bougie contains:

R Ichthyol	5 gr.
Sulphate of zinc.....	1 gr.
Creasote	1 gr.
Fluid hydrastis.....	2 gr.
Ext. hyoscyamus.....	1-10 gr.

Apply by the use of the applicator to the prostatic part of the urethra twice a week.

A CURE FOR NOCTURNAL EMISSIONS.

A number of mechanical appliances have been devised to prevent nocturnal emissions, but one of the best is called the "spermatorrhœa ring," which was invented by an advertising specialist. This consists of a ring which can be applied to the circumference of the penis when flaccid. This ring is so arranged that when an erection takes place it will inflict punishment by moderately pricking the organ. The device is applied to the organ before going to bed and if an erection takes place



SPERMATORRHOEA RING.

during the night it will awaken the patient. He should be instructed to temporarily remove the appliance and urinate before going asleep again.

This instrument has a tendency to produce such good results that it is seldom given the patient until after the advertising specialist has received large revenues from other treatments, for he knows very well if he supplies this appliance at first his remuneration will be cut short, therefore this is given as "the last resort."

IMPOTENCY.

It is this disease in particular which has offered both the local and mail-order specialist a Mecca to which the afflicted may journey, either in person or by letter, more than any other. The amount of money spent in advertising cures for "lost manhood," "premature decay," and "general debility," reaches into the millions every year.

Although many local specialists have made fortunes, the mail order medical companies have taken the lead as far as financial success is concerned. One of the principal reasons why this, like all other sexual diseases, has brought them such a golden harvest is the same old story—the fear that their family physician will expose their weakness. The following formula combines six of the best known aphrodisiacs and, after thoroughly testing the merits of this combination of drugs, I can unhesitatingly recommend it as being a superior treatment. Each tablet contains:

R	Ext. damiana.....	2 gr.
	Ext. nux vomica.....	$\frac{1}{8}$ gr.
	Zinc phosphide.....	I-10 gr.
	Cannabin	I-10 gr.
	Cantharides	I-25 gr.
	Avenine	I-200 gr.

GONORRHOEA AND GLEET.

These are among the diseases which these specialists are most frequently called upon to treat. The cleanest and most efficient way to treat these affections is by the use of a medicated urethral bougie. These bougies may be inserted by the patient where they will come in contact with the inflamed surface and gradually melt at the temperature of the body and thus offer continuous medication. The following formula has always been a favorite with me. Each bougie contains:

R	Zinc sulphate.....	$\frac{1}{2}$ gr.
	Antipyrine	I gr.
	Boric acid.....	2 gr.
	Carbolic acid.....	$\frac{1}{4}$ gr.
	Fluid hydrastis.....	3 gr.
	Morphine sulphate.....	I-10 gr.

Insert a bougie three or four times a day after urinating.

THE SOLVENT METHOD OF TREATING STRICTURE.

This is another method of treatment which originated from the irregular practitioner and is extensively used by both local and mail-order specialists. I believe that the treatment is an exceptionally good one in a large number of cases. The following drugs are to be applied to the constricted part of the urethra either in the form of a bougie or in powder:

R Ext. hyoscyamus..... $\frac{1}{2}$ gr.
Ext. calendula..... I gr.
Carica papaya..... I gr.
Powd. slippery elm..... 5 gr.

The stricture should first be dilated with a sound, which can be more easily admitted by first injecting a few drops of the fluid extract of hyoscyamus and forcing it back to the constricted part with the finger. The treatment can now be applied to the parts by the use of the applicator.

This treatment has received the name of solvent from the fact that the papaya has to a certain degree the power of dissolving or loosening the tissues of the stricture in very much the same way that it dissolves a diphtheric membrane. The treatment when combined with the other remedies is an excellent one and has the indorsement of the leading members of the medical profession, although many of them have attempted to shield the formula and sell it for a large consideration.

VEGETABLE TREATMENT OF SYPHILIS.

My attention was first called to the vegetable treatment of this disease by an article written by Dr. J. Marion Sims, which contained many astonishing asser-

tions and, after using this vegetable alterative in my practice in many cases, I am convinced that the prescription he gave might almost be called a specific, if such a thing were possible in the treatment of the disease. Although most physicians are familiar with this prescription, I think it will be of sufficient interest to give you a history of it which dates back from its discovery among the great medicine men of the Creek Indians, who in early times inhabited middle Georgia. The negroes in that vicinity finally adopted the preparation and prepared it as given to them by the Indians. Dr. Sims' article would be too long to insert here, but Dr. B. Rush Jones, brother-in-law of Dr. Sims, gives the following:

"A few years before the civil war there were many obstinate cases of secondary syphilis around Montgomery, which had resisted the efforts of the best physicians. They went the round of the doctors, and could not be cured. One of these was advised to consult an obscure negro, by the name of Lawson, who worked on a cotton plantation, and after being under his treatment for a few weeks was perfectly cured. His recovery was so great an event that others applied to this same Lawson, and were also cured.

"Dr. G. W. McDade, hearing of these cases, took a great interest in the subject, and visited Lawson and obtained from him the formula used so successfully. It seems that the formula had come down from a mulatto slave, by the name of Horace King, who resided among the Creek Indians for several years before they removed west of the Mississippi river (1837), and had learned while with them their method of treating syphilis.

"Dr. McDade says that instead of adopting the so-called Indian remedy as he found it, he began by eliminating those roots and herbs and inert substances which he knew were absolutely of no value. He selected the few known to possess medicinal properties, and instead of making a decoction, as had been done before, and which had to be made in large quantities every day or two, he had them prepared in the form of fluid extracts,

which placed the remedy on a scientific basis and insured uniformity of action. He then gives the formula as follows:

- R Fluid ext. of smilax sarsaparilla..16 parts.
Fluid ext. of stillingia sylvatica..16 parts.
Fluid ext. of lappa minor.....16 parts.
Fluid ext. of phytolacca decandra.16 parts.
Tinc. of xanthoxylum carolinianum 8 parts.

Dr. Sims in his article gives many cases which were treated by the negro Lawson on the plantation; he also mentions the success Dr. McDade has had with it. Dr. B. Rush Jones, of Montgomery, who has been treating syphilis for more than 40 years, now says he has but little dread of undertaking the worst case since adopting this formula. He has repudiated mercury and iodide of potash entirely, as he says they are unnecessary when this formula is used.

From the odor and general properties of this combination we are led to believe it identical in formula with the much advertised and secret preparation called S. S. S. The printed matter on this latter preparation, which states that it has been in use in domestic practice in certain parts of middle Georgia ever since the retirement of the Creek Indians in that section of the state, does much to strengthen our belief.

A similar preparation, which is known as Succus Alterans (McDade formula) is prepared by Eli Lilly & Co. I have obtained excellent results from this formula in secondary syphilis, scrofula and other blood and skin diseases, and believe it to be one of the best alteratives obtainable at the present day.

"The paths of pain are yours
Go forth! with patience, trust and hope;
The sufferings of a sin-sick earth
Will give you ample scope."

THE GYNÆCOLOGICAL SPECIALIST

NON-SURGICAL TREATMENT FOR THE DISEASES OF WOMEN.

The treatment of the diseases of women has always contributed largely toward the yearly income of the general practitioner, while the gynæcological specialist continues to fatten upon the revenue he receives from operations. When the fashionable period of ovariectomies and other operations wears off, and physicians learn to apply rational, therapeutical measures, there will be a revolution in gynæcological practice. I do not wish to be understood as condemning the progress of surgery in many cases, but every physician who is familiar with hospital and sanitarium practice will attest that many organs are removed which might have been restored to health by non-surgical means.

Owing to the prevalence of female diseases, a large territory for preparatory remedies is opened, and we find lady agents everywhere who are extolling the virtues of some secret remedy for the diseases peculiar to their sex. Among the prominent preparations may be mentioned: Viavi, Mountain Rose, Nuvita, Orange Blossom, Olive Branch, etc. On the other hand we find many physicians who use preparations like Micajah's Uterine Wafers, without knowing the ingredients they contain.

Regarding the success obtained from the use of these preparations I am not able to say, but I do believe that every physician is aware of the fact that a large percentage of these cases eventually drift into his hands for a more thorough and scientific course of treatment.

From peculiarities of constitution and the duties assigned her by nature, woman is subject to a class of diseases which entitle her to all that is humane, delicate and skillful on the part of the physician, whose duty it becomes to advise and treat her.

The degree of suffering, physical and mental; the pain and discomfort endured; the disturbing elements in social life; the severing of domestic ties, and the propagation of weakness and disease; all these have their origin in the diseased organs and the perverted use of feelings and faculties designed for the creation of the race and the happiness and well-being of man-kind.

The cause of the prevalence of ill-health among women may be attributed probably to the various acute and chronic diseases to which all mankind are alike liable, but in a greater degree to the numerous class of ailments peculiar only to the female sex; and also to the fact that women are timid about broaching these subjects, and from a false modesty often conceal their disease, instead of seeking for a means of recovery. Thousands of women, from a mistaken sense of delicacy, are passing the spring-time and summer of their lives in silent suffering from disorders they do not understand, and know not how to alleviate.

A modest, sensitive woman often shrinks from consulting a physician regarding sexual subjects in general, and especially so concerning private and special ailments of her own generative organs, preferring to suffer in silence rather than to expose her weakness; and the most serious results are often attributed to this cause.

It is this delicacy on her part that has opened a field for the various preparations mentioned above. I have given the medical treatment of the diseases of women much thought and have formulated a system of intra-uterine, extra-uterine and internal treatment, which associate physicians and myself have used in thousands of cases with remarkable success, and I believe the constituents of same will appeal to the judgment of every physician in cases in which surgical interference is not required.

The conditions in which this method of treatment is particularly indicated are amenorrhœa, dysmenorrhœa, menorrhagia, leucorrhœa, ulceration, vaginitis, endometritis, backache, bearing down pains, irritation of the ovaries and bladder, frequent and painful urination, in fact all forms of congestion, inflammation or pain in the pelvic cavity.

In devising a treatment for the above conditions there are several things which need the physician's attention.

Upon examination, you will find the uterus enlarged and possibly either hard or sleazy in texture. The circulation is torpid and requires new activity. Such conditions require the combination of an astringent, an antiseptic, a sedative, an analgesic and an absorbent. These are all provided in the following formula, which may be called the

EXTRA-UTERINE APPLICATION.

R	Elaterium	1/8 gr.
	Powd. jequirity.....	1/4 gr.
	S. E. belladonna.....	1/2 gr.
	S. E. hyoscyamus.....	1/2 gr.
	S. E. hydrastis.....	1/2 gr.
	S. E. hamamelis.....	1 gr.
	S. E. calendula.....	1 gr.
	S. E. thuja.....	1 gr.
	Zinc sulphate.....	2 gr.
	Boric acid.....	4 gr.

The above remedies may be incorporated in either cocoa butter or in a mixture of glycerine and gelatin. I prefer, however, to have them made in tablet form in the shape resembling the ordinary suppository. I use these applications in large quantities, and have them made specially for me with a rapidly disintegrating base.

My attention was first called to elaterium by Dr. Gentry, who stated that he had used the remedy in his practice for twenty years and argued that if this remedy when taken by the stomach will extract serum from the alimentary tract and produce profuse watery stools, it would extract serum from other mucous surfaces if applied locally, and there is no other place where it can be applied to as great advantage as in the vagina or uterine canal, where it seems to have its greatest curative influence in removing congestion, engorgements and impurities from the female pelvic cavity, that the organs may resume their normal condition. Elaterium, alone, is rather drastic in its effects and we have, therefore, combined it with other remedies to control its action, each of which has its specific therapeutical value. Jequirity resembles somewhat the action of elaterium, but is more mild. However, it is a valuable adjuvant. Belladonna and hyoscyamus have their antispasmodic and anodyne effect, while hydrastis, hamamelis, calendula and thuja each have their respective actions as local alteratives, antiseptics, styptics and sedatives. The zinc sulphate and boric acid are added for their astringent and antiseptic properties.

This formula might be open to criticism as containing too many remedies, but I wish to assure you that each of them has been added from time to time with a marked improvement and it seems to me that it would be impossible to dispense with any one of them.

There is great satisfaction in recommending and using this preparation, for every time it is applied good results are seen and felt and, although I do not offer this preparation as a panacea, I am convinced that it is far superior to any general extra-uterine treatment with which I am familiar. And its practical application will convince the most skeptical that it has extraordinary advantage when judiciously applied.

This treatment has a wide range of usefulness. By inserting a suppository at the mouth of the womb it will immediately suppress pain of every character in the pelvic cavity and thus cure dysmenorrhœa, ovarian irrita-

tion and neuralgia. Although it is not curative in cancer, it will abate odor and alleviate the burning and gnawing pains. It is almost a specific for irritation of the bladder, frequent and painful urination and vaginitis, gonorrhœa, etc.

It is also an excellent treatment for piles if inserted in the rectum, where it soothes the congested and inflamed surface and heals the ulcers.

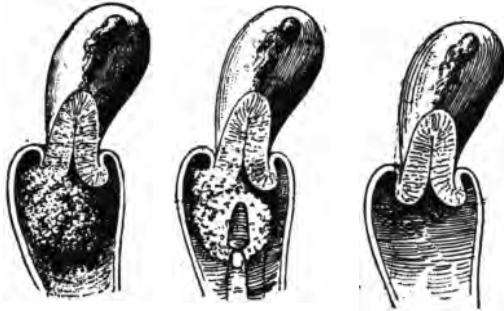
This application may also be depended upon by the profession to relieve engorgements, erosions and ulcerations and its continual use will control menorrhagia and metrorrhagia. It is likewise used to a great advantage at the menopause, as it will draw from the uterus the accumulation of diseased matter so that it will not enter the circulation to cause "hot flushes," etc. Its antiphlogistic and contractile power will readily contract the flaccid and loose walls of the vagina, while at the same time it exerts a contractile influence upon the tissues which support the womb and retain that organ in its natural position.

METHOD OF APPLICATION.

In chronic cases the patient should use a douche of warm water before retiring and insert a suppository as far as possible up the vagina. This should be allowed to remain until the next evening, when the douche should be repeated and another suppository applied. This treatment should continue for several months in obstinate cases to obtain the desired results.

In other cases in which pain is present and immediate results are wanted, as in dysmenorrhœa, piles, frequent and painful urination, cancer, etc., the treatment may be applied several times a day if required, but the patient should be instructed to use a douche of warm or, rather, hot water, before each application.

For the class of patients which every physician meets, women and young ladies who are over-modest, bashful, timid and diffident, who fear exposure, examination, ex-



Method of applying and results obtained from Extra-Uterine Application.

pense, and dread the local treatments, this treatment has many advantages, for it is always attended with good results, and it may be used by the patient herself at home.



With many patients, it is absolutely necessary that they should submit to an examination and local treatment in order that you may treat them intelligently and with a degree of success that you could not otherwise

obtain without observing the progress of your treatment. In many cases intra-uterine treatments are indispensable to rapidly effect a cure. This is particularly so in metritis and endometritis, where more favorable results may be obtained by direct medication applied to the lining membranes of the uterus. In these conditions, examination will disclose large quantities of mucous oozing from the uterine canal; menstruation is profuse and appears too often. Whenever this condition exists, I apply an intra-uterine bougie, composed of the following remedies:

INTRA-UTERINE APPLICATION.

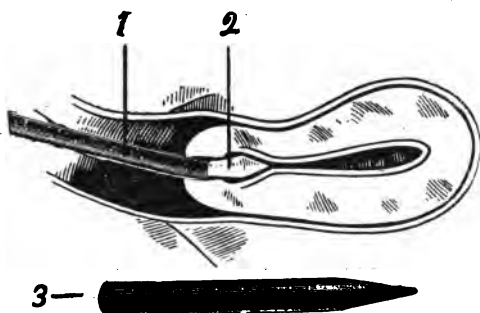
B Elaterium	I-16 gr.
Protargol	½ gr.
Belladonna	¼ gr.
Resorcine	2 gr.
Hydrastis	2 gr.
Ichthyol	3 gr.
Glycerine and gelatin.....	q. s. 20 gr.

These remedies should be incorporated with glycerine and gelatine in the form of bougies (see cut), and applied to the intra-uterine surface by the use of the universal applicator. I formerly inserted the bougie with ordinary dressing forceps, but owing to the flexibility of the bougies, it always required previous dilation of the inner os. This may be avoided by the use of the applicator, which will readily pass that constriction and give free access to the inner surface of the uterus, as shown in the accompanying illustration.

This method of applying treatment to the inner surface of the uterus has many advantages over the usual method of making medicated applications to that surface by means of saturated cotton applied with a probe or applicator, which often fails in its purpose.

Prof. P. F. Mundy, M. D., says, "In the vast majority of cases with normal canals I really believe that the effect of the remedy (when applied with cotton) is expended entirely on the mucous lining of the cervical canal, and that the endometrium proper is touched merely by the albuminous coating of the applicator."

By using intra-uterine medicated bougies we bring the treatment into direct contact with the diseased sur-



The above illustrates the method of applying the Intra-Uterine Application.
1. Applicator. 2. Bougie. 3. Shape of Bougie—Seven-eighths size.

face, where it gradually melts at the temperature of the body and offers us through and continuous medication, which is prompt and decided in action.

Internal treatment is of great importance in a large number of cases and should be administered in as palatable a form as possible. The following tablet is an exceptionally good combination of remedies and has been of much service to me. Each tablet contains:

R	Ext. viburnum prun.....	1 gr.
	Ext. virburnum opul.....	1 gr.
	Ext. star-grass.....	$\frac{1}{2}$ gr.
	Ext. squaw-vine.....	$\frac{1}{2}$ gr.
	Ext. helonias.....	$\frac{1}{2}$ gr.
	Caulophyllin	$\frac{1}{4}$ gr.

Sig. Take a tablet six times a day.

THE COMBINED TREATMENT.

In the majority of cases I find that the best results are obtained from the combined treatment. I have the patient visit the office once or twice a week that I may apply the intra-uterine medication and watch the progress of the treatment. During the interval she is instructed to use an extra-uterine application each night before retiring and also to take a tablet internally six times a day. For a general treatment of the common diseases of women, I doubt if this plan of treatment can be excelled, although it may be necessary to modify the treatment to meet the requirements of certain cases. It effects a cure in many instances in which other means of treatment have failed, and it will be found superior to the numerous routine methods of treatment now in vogue. It will undoubtedly surpass any of the following extensively advertised remedies:

VIAVI TREATMENT.

This treatment has been extensively advertised and sold through agents. The treatment consists of a suppository and cerate, the latter to be applied externally over the womb and ovaries. The suppositories are to be inserted each night at the mouth of the womb. They are dispensed in two-grain gelatin capsules, filled with cocoa butter, in which jequirity is believed to be incorporated. The cerate is sold in oval tin boxes and contains a cheap oily substance, which becomes rancid in a few weeks and looks like a mixture of tallow, lard, boric acid and coloring matter. The cerate was, no doubt, devised for the value which may be derived from the massage treatment while it was being applied.

MOUNTAIN ROSE.

This remedy is similar to Viavi and is said to have been invented by the same Dr. Springsteen. Mountain Rose comes in sixteenth-grain round tablets. which are applied with a placer. These tablets are said to contain jequirity, calendula, hydrastis, boric acid and slippery elm.

ORANGE BLOSSOM.

This takes the form of a suppository for female diseases, each suppository weighing about thirty-one grains. The *New Idea* gives the constituents as follows:

℞ Zinc sulphate.....	1 dr.
Alum	15 gr.
Cocoa butter.....	3 dr.
White wax.....	$\frac{1}{2}$ dr.
Oil sweet almonds.....	$1\frac{1}{2}$ dr.
Ext. henbane.....	1 gr.
Make suppositories of above weight.	

OZONE UTERINE WAFERS.

The *Boston Journal of Health* says that these wafers consist of powdered jequirity in capsules.

MICAJAH'S MEDICATED UTERINE WAFERS.

The *Medical Summary* gives the following formula as one practically duplicating this preparation, which is so extensively used by the medical profession:

℞ Mercury bichloride.....	1-16 gr.
Zinc sulphate.....	5 gr.
Bismuth subnitrate.....	15 gr.
Acacia	5 gr.
Carbolic acid.....	3 gr.
Water.....	q. s.

IMPOTENCY IN THE FEMALE.

SEXUAL INDIFFERENCE.

Although there have been many volumes written on impotency in the male, this condition, which is often termed sexual anæsthesia, sexual indifference and sexual apathy, in the female has received little or no attention at the hands of the general practitioner, and like many other things, opens the door for a specialist, although this may seem an unusual subject of which to make a single specialty. I recently met a physician who was enjoying an income of several thousand dollars a year by operating upon women afflicted with this unfortunate condition.

There is no doubt that our Creator designed the organs and functions of women to be as highly and sensitively developed as those of men, and the sexual embrace should be conducted in a manner mutually agreeable to both husband and wife, but it is a well-recognized fact that fully ten per cent of women are entirely devoid of sexual passions, and in such women, intercourse is conducted for the sole gratification of the husband. It is also unnecessary to state that this is one of the elements which help to fill our courts with divorce suits. Women thus affected almost invariably state that their sexual condition has caused more shadows and domestic disturbances than any other one thing in their marital union. Every physician recognizes the fact that the happiest homes are those in which husband and wife are sexually mated, and we must also admit that the healthy performance of these functions are not only conducive to good health, but largely to the development of much that is lovable and affectionate in a woman's nature.

There are two varieties of this condition: First, one in which there is no sexual desire whatever, and, second, where there is a mild desire, but without gratification.

The cause of this dormant condition of the female sexual organs is to be traced to a number of causes. Functional diseases of the ovaries and the womb often cause a depression in the sexual instinct, while at the change of life and during pregnancy and lactation, this function may be suppressed. In other cases, this function may have been fully developed and the organ fully or partly paralyzed in child-birth or by accident.

It may also be due to spinal trouble or sexual excess. Such cases often experience excitation without gratification or relief. This often leads to mental depression and melancholy. The most frequent cause, however, is an elongation of the hood and its adherence to the walls of the clitoris, completely obliterating that organ. It is this condition, principally, that I wish to discuss.

My attention was first called to this point by the specialist mentioned above, who, I have every reason to believe, has operated upon thousands of cases. My experience will vouch for his success, for I have restored this function in fully ninety per cent of all the cases upon which I have operated. The operation is very easy and consists simply in removing the foreskin from the clitoris as follows: Pinch up the foreskin with the thumb and finger and inject a few drops of cocaine solution as given in the obtundent formulæ on another page, and also saturate a piece of absorbent cotton and allow it to cover the clitoris for a few minutes until it is thoroughly anæsthetized; insert a tenaculum through the foreskin and lift it upwards, then take the handle of a scalpel and break up all adhesions between the clitoris and covering membrane and cutting away a V-shaped piece of the foreskin, entirely denuding the clitoris. Unite the two layers of membrane by applying a suture on each side of it, and one at the apex. Keep the parts separate by placing absorbent cotton between them and use the usual anti-septic dressings.

The suture may be removed in two or three days. The doctor should always provide the patient with an anti-septic ointment, containing sufficient tincture of capsicum to furnish warmth to the parts, as follows:

R Tinct. capsicum.....20 min.
 Boracic acid..... 1 dr.
 Vaseline 1 oz.

Sig. Apply to the parts four times a day.

Although this is one of the most simple minor operations in the whole category of surgery, it is one of the most remunerative, as the patient will not hesitate to pay from \$25 to \$50, and one patient is always likely to send another.

The physician also gives the patient a two months' supply of aphrodisiac tablets, as given on another page.

"Sufferers who long have tossed
 On thorny beds of pain;
 To recover their vigor lost
 And grow well and strong again."

THE BEAUTY SPECIALIST.

The above title describes another type of specialist with which every city is familiar. These specialists are generally of the feminine gender, and their finely furnished parlors are found on every fashionable thoroughfare. As most women are ambitious to become handsome, we find these specialists well patronized, and "for ways that are dark and tricks that are vain" they are unapproachable.

Georgine Champbaron, of Paris, was among the first to establish a reputation with her famous rejuvenating treatment. Afterwards Mrs. Harriet Hubbard Ayer opened an establishment on Fifth avenue, New York, for the purpose of beautifying the complexion of patients. From a financial standpoint, her success must have been phenomenal, for at the present time, we find temples of beauty everywhere, with a presiding princess, who is usually a woman past her first youth, hard in feature, illiterate to a degree, but seductive in manner and fluent in argument.

These "ladies" generally claim to be philanthropists, pure and simple, animated solely by a desire to help their less beautiful sisters (at a trifling charge of from fifty to three hundred dollars for each case). Their primary training as beauty specialists is often obtained at some fashionable manicure or hair-dressing establishment, where they have acted as an apprentice and learned to listen to and sympathize with women who are not blessed with good complexions by nature.

A clever woman at once finds the field a large and profitable one, and enters into business on her own responsibility, with a few pretty young ladies as her assistants.

By consulting some recipe book, she finds the formulae for the preparations required in her practice, places them in fancy bottles and labels them "Creme de Beaute of the French Court," "Helen of Troy Skin Rejuvenator," "Circe's Bloom," or "Elixir of Youth." They also have wrinkle-eradicators, hair dyes and bleaches, plasters, etc. They have steaming and other appliances which impress their patrons favorably.

A young lady recently delivered herself into the hands of one of these philanthropic "ladies," for the purpose of learning their methods, and under her treatment, was kneaded, pinched, massaged, greased, steamed, lotioned, powdered, painted and elixired during six weary days. She claims that she got along with the treatment more easily than many others, for as soon as she had retired from their apartments, she washed their stuff off, and was not self-sacrificing enough to undergo the rejuvenating process, for she did not care to submit to the torture, and be flayed alive. She describes the process of beautifying as divided into three departments, bleaching, steaming and plastering. The almost invariable basis of the complexion bleach is corrosive sublimate, the action of which is to remove the outer cuticle, leaving the smooth, pink underskin exposed. The pain connected with the use of this preparation varies according to the strength in which it is applied, and the delicacy of the skin.

The face-steaming treatment used at these institutions is too well known to require much description. The face is thoroughly greased, and then bathed with medicated steam. This opens the pores and allows all secretions to escape, including the natural oil which is absolutely essential for the nourishment of the skin. The great argument in favor of the face-steaming treatment is, that it removes all impurities, which is quite true, but experience has demonstrated that the continual and excessive use of these steaming treatments will weaken the secretory glands of the skin, and have a tendency to leave it dry by extracting its oil. This, of course, is the

cause of wrinkles, which no amount of their creams or flesh food will repair.

The most horrible and barbarous of all the complexion processes is known by the alluring title of "rejuvenating treatment," and is guaranteed to make a person look twenty years younger in a few weeks. This is practically a revival of the torture process in vogue in France in the fifteenth century, and the suffering which it entails varies only in degree.



A VICTIM OF THE PLASTER TREATMENT.

Unlike the other treatments given, the skin, in this process, is peeled off in strips. The face is first bathed with a mixture of iodine (some use the pure tincture). Plasters are then applied, which not only loosen the skin, but draw out a thick, milky pus. The outer skin is finally torn off with the plaster, leaving the half-raw and agonizingly sensitive under-cuticle exposed. When this surface has entirely healed, the shortest time being from four to eight days, the complexion in many cases is really marvelously beautiful, although all the lines of character have disappeared, leaving the face as expressionless as that of a doll.

For weeks afterward, the faintest breath of wind or the touch of the softest cloth in bathing the face, causes

the most excruciating pain. In a few months after taking this treatment, the sensitive skin commences to show thousands of criss-cross lines almost imperceptible at first, but gradually deepening until the face, when viewed closely, shows a shrivelled surface somewhat resembling that of a peach which has been plucked too soon. In connection with the above treatment, these specialists often give massage treatments; bleach, dye and shampoo the hair, treat baldness, and remove superfluous hair, have remedies for pimples on the face and other skin diseases, advertise flesh foods to develop the bust and to round out the neck. They also have complexion tablets and other beautifying articles.

Although physicians, as a rule, do not care to assume the dignified title of "Beauty Specialists," they are often requested to compound toilet preparations for some of the above conditions. I, therefore, append some of the formulas of their secret preparations, which may be of service to them.

THE HAIR.

The people of the occident have to a certain extent, followed the universal custom of those of the orient in dyeing and bleaching the hair to hide its grayness or to give it a preferred color. Hair dyes are generally of two classes, those containing the dye ready formed, and those in which it is produced in the hair by some chemical process. Some hair-dyes contain substances which in their nature are very injurious to the hair, and cause baldness. Before dyeing the hair, the oil should be removed by washing thoroughly with soap and water, and the dye applied when nearly dry. The scalp should also be protected from staining by a broad, fine-tooth comb.

PERMANGANATE OF POTASSIUM DYE.

- R Permanganate of potassium..... $5\frac{1}{2}$ oz.
Distilled water..... 2 qt.

The above combination forms a dark violet solution. When this is brought in contact with any organic substance like the hair, it rapidly discolors it and imparts a brown tint, due to the hydrated oxide of magnesia.

The hair is washed as stated above, and the dilute solution applied with a soft brush. The color is produced at once, According to the degree of dilution, this innocuous preparation can be made to give any desired color from blonde to very dark brown. It is this preparation which has recently been extensively used by ladies in their latest fad of coloring the hair auburn. Of course this preparation and other hair dyes may be used for the beard as well as the hair.

SILVER HAIR DYES.

This, and similar hair dyes, consists of two preparations, preserved in bottles labeled Nos. 1 and 2; the latter, containing the silver solution, should be kept in a dark, amber-colored bottle, as the silver salts are decomposed by light. For use, some of the liquid from bottle No. 1 is poured into a cup, and the hair is moistened with it by means of a soft brush. The liquid from bottle No. 2 is now poured into another cup and applied with another brush. These dyes are prepared in different strengths in order to color the hair brown or black.

TO DYE THE HAIR BROWN.

No. 1 (in white bottle).

- ℞ Sulphide of potassium.....7 oz.
 Alcohol1 qt.

No. 2 (in dark bottle).

- ℞ Silver nitrate.....4¼ oz.
 Distilled water.....1 qt.

TO DYE THE HAIR BLACK.

No. 1 (in white bottle).

- ℞ Sulphide of potassium.....½ lb.
 Alcohol1 qt.

No. 2 (in dark bottle).

- ℞ Silver nitrate.....5½ oz.
 Distilled water.....1 qt.

The sulphide of potassium appears in fragments of a liver-brown mass, which readily dissolves in water. The solution must be filtered before being poured into the bottles as it becomes turbid in the air. Keep in well corked bottles. When the two solutions are brought together, black sulphide of silver results and darkens the hair. After the use of this preparation, a disagreeable odor adheres to the hair, which may be readily removed by washing.

TO BLEACH THE HAIR.

There are several preparations on the market, under different names, as Goldine, Auricome, Golden Hair Water, etc. These preparations are nothing but peroxide of hydrogen, perfumed. When this is applied to the hair as a bleaching agent, it should be diluted and the hair deprived of its oil by first washing it with soap and water.

TO REMOVE SUPERFLUOUS HAIR.

All preparations used for this purpose owe their activity to calcium sulphide, which has been lauded as a perfectly harmless depilatory. This is a great mistake, however, as serious results have been recorded through its careless application by those who were not familiar with its caustic effects. It is, therefore, necessary to protect the skin against its action, otherwise superficial irritation, or even destruction of the skin may result. The following formulae comes from high authority:

℞ Calcium sulphide.....	2 oz.
Sugar	1 oz.
Water	1 oz.
Starch Powder.....	1 oz.
Oil of lemon.....	15 gr.
Oil of peppermint.....	5 gr.

The resulting mass must at once be poured into an air-tight jar, as the calcium sulphide is decomposed by the air. When it is to be used, it should be moistened with water, and painted on the skin containing the superfluous hair. Allow it to remain for thirty or forty minutes and remove by washing with water. The action of this is like that of all depilatories, only temporary, as it does not destroy the hair bulb.

HAIR SHAMPOO.

I have found the following formula a very useful one for the purpose of removing dandruff, and cleansing the scalp:

℞ Aqua ammonia.....	2 dr.
Cologne	2 dr.
Alcohol	½ pt.
Aqua	½ pt.

Apply about a teaspoonful at a time to the hair, when it is dry, and rub thoroughly into the scalp. This makes

a foam which can be washed off with water afterwards. The above makes a very pleasant combination, as it cleanses and softens the hair at the same time.

HAIR RESTORATIVE AND GROWER.

The market is flooded with preparations to stimulate the growth of the hair, but unfortunately we are forced to admit that the majority of them are of little or no value, as we know too little of the natural condition of the growth of the hair to enable us to compound remedies which would actually aid the efforts of nature in this direction. The following formulae will allow you to become familiar with many of the preparations extensively advertised:

TANNO-QUININE HAIR RESTORER.

R	Tincture of cinchona.....	1¾ oz.
	Tincture of nut-galls.....	1¾ oz.
	Carminc	150 gr.
	Oil of neroli.....	75 gr.
	Oil of nut-meg.....	75 gr.
	Alcohol	3½ oz.
	Rose water	1 qt.
	Orange-flower water.....	1 qt.

AYER'S HAIR VIGOR.

Acetate of lead.....	3 parts.
Flowers of sulphur.....	2 parts.
Glycerine	14 parts.
Water	80 parts.

—(*Formula d'Hygiene Populaire.*)

ALLEN'S WORLDS HAIR RESTORER.

R	Sulphur	6 parts.
	Acetate of lead.....	8 parts.
	Glycerine	100 parts.
	Perfumed water.....	200 parts.

Dissolve the acetate of lead in the water, then add the glycerine and sulphur. Any aromatic water may be used for making the water.—(*American Pharmacist.*)

HALL'S HAIR RENEWER.

R	Sulphur	1 dr.
	Lead acetate.....	1 dr.
	Salt	2 dr.
	Glycerine	8 oz.
	Bay rum.....	2 oz.
	Jamaica rum.....	4 oz.
	Water	16 oz.

BORDET'S HAIR TONIC.

The American Druggist gives the following for this preparation, and it is my opinion that it is much better than the lead and sulphur mixtures:

R	Carbolic acid.....	30 min.
	Tincture of cardamon.....	30 min.
	Tincture of nux vomica.....	2 dr.
	Compound tincture cinchona.....	1 dr.
	Cologne water.....	1 dr.
	Cocoanut oil.....	q. s. ad. 4 oz.

SEVEN SUTHERLAND SISTERS' HAIR GROWER.

R Bay rum.....	7 oz.
Distilled extract of witch hazel.....	9 oz.
Common salt.....	1 dr.
Hydrochloric acid (5 per cent.).....	1 dr.
Magnesia	q. s.

Mix the bay rum and distilled extract of witch hazel, and shake with a little magnesia; filter and in the filtrate dissolve the salt and add the hydrochloric acid. The agitation with magnesia causes the preparation to assume a yellow color, but by rendering it very slightly acid, with the hydrochloric acid, this color all disappears.—(*New Idea.*)

TO DEVELOP THE BUST.

It is very doubtful if there is any one thing other than a beautiful complexion that a woman admires more than a full, symmetrical bust. This has caused the inventor and the specialist to contrive all kinds of devices to assist nature in the development of the mammary glands in flat-chested women, and we find bust foods and vacuum treatments advertised very extensively.

The vacuum treatment consists of a cup-shaped glass (see cut) which will fit around the gland, and when suction is made at the apex, either with a rubber bulb or pump, it will draw the breast into the cup, where it is allowed to remain in this expanded condition during the night.

Bust foods are nothing more or less than lanoline, which may be adulterated with lard or cheap oils and perfumed. This is rubbed into the breast by a course of massage treatment, which occupies from one to two hours each evening before retiring. I have never had any experience in the use of either of these treatments, but the accompanying cut is supposed to represent the results obtained from their use.

The Medical World has the following to say regarding the development of the bust: If woman's "crowning glory" be her hair, it is certain that a well-developed bust is a more attractive feature to most people. Many women go through life with scrawny figures which are a source of constant mortification to them, when a little advice and proper exercise would modify matters materially. The quack advertisements in the yellowest of lay papers are matched by the better worded advertisements in the



The above illustrates the Vacuum Instrument and the method of applying.

highest class of ladies' magazines in bidding for the money of the credulous. The proof is evident that there is a demand for some method of developing the figure, and the family physician should know what advice to give; in fact he should frequently have the tact to give advice unasked. The average physician would ridicule a lady patient who asked such advice, when he should encourage and aid. Of course one must ridicule any drug which has the merit (?) of "developing the bust four to six inches in a few days," but we can instruct our patients in the use of inunctions, massage, bathing, and breathing so as to obtain for them appreciable results.

The following extract is taken from Ostrom's *Massage and Swedish Movements*: "Massage and exercise are the only means by which the bust may be properly de-



The results obtained from Vacuum Massage and Flesh Food Treatments.

veloped. The patient should be taught how to breathe properly, and for the quick development of the mammary glands, use in massage the following preparation:

℞ Cocoa butter.....	2 oz.
Lanolin	2 oz.
Extract saw palmetto.....	2 oz.
Oil cajuput.....	1 oz.
Oil sassafras.....	½ oz.

This preparation has not a fine odor, but produces a pleasant sensation in the skin. It is a valuable compound wherever we wish to develop a part, but it should not be used on the face."

A few deep breaths taken on rising each morning will work wonders in the course of a few months. The growing girl should be taught to stand and walk with the abdomen drawn back, the chest thrown well forward, shoulders well thrown back and on a line with the hips. Bathing with alcohol or cold water on rising or retiring is not only grateful, but beneficial. If your flat chested girl patients do not speak to you on such matters, it is

your duty to speak to them (probably through their mothers), thus not only earning their gratitude, but benefiting their health.

THE SKIN.

It is this part of our anatomy that offers the "beauty specialists" their greatest opportunity to hold high carnival, and we find their preparations extensively advertised to cure every thing from a pimple to a "mother mark." Among the remedies used for beautifying the skin, glycerine, no doubt, heads the list. Pure glycerine should never be used, however, in concentrated form, as it abstracts water from the skin and produces a sensation of heat and burning, but when it is combined with an equal part of rose water, we find it a very valuable agent in rendering the skin white, supple, soft and glossy. No other remedy will clear a sun-burned skin in so short a time as this preparation.

Owing to the penetrating properties of lanoline, we find it also a valuable preparation, in which other remedies may be incorporated to convey them to the under cuticle. Corrosive sublimate is the remedy most generally used as a bleaching agent.

To remove freckles, moth patches, liver spots, etc., I subjoin several fomulae which are used extensively in treating these different conditions of the skin:

GLYCERINE CREAM.

R	Glycerine	½ lb.
	Almond oil.....	14 oz.
	Rose water.....	12½ oz.
	Spermaceti	3½ oz.
	Wax	480 gr.
	Oil of rose.....	60 gr.

Melt the wax and spermaceti by gentle heat, then add the almond oil, next the glycerine mixed with rose water

and the oil of rose. This makes a splendid preparation for sun-burn, chapped hands, etc.

RED LIP SALVE.

R	Expressed oil of almonds.....	2 lbs.
	Wax	4½ oz.
	Spermaceti	4½ oz.
	Oil of genanium.....	150 gr.
	Oil of santal.....	90 gr.
	Alkanet root.....	4½ oz.

The beautiful red color which distinguishes this preparation is produced with alkanet root; the mass, before the essential oils are added, is macerated for from six to eight hours under frequent stirring with the comminuted root and then decanted from the sediment.

ALBADERMINE.

Under the title of Albadermine, a foreign surgeon has devised a method of treatment for the removal of "tan" and the milder varieties of "freckles," which is as follows:

SOLUTION A.

R	Potass. iodide.....	2 dr.
	Iodini pur.....	6 gr.
	Glycerine	3 dr.
	Infus. rosae.....	4 oz.

Dissolve the iodide of potassium in a small quantity of the infusion and a drachm of the glycerine; with this fluid moisten the iodine in a glass mortar and rub it down, gradually adding more liquid until complete solution has been obtained; then stir in the remainder of the ingredients, and bottle the mixture.

SOLUTION B.

- ℞ Sodii hyposulph. (Thiosulphate)...1½ oz.
 Aqua rose..... 1 pt.

Dissolve and filter.

With a small camel's hair pencil or piece of fine sponge apply a little of "Albadermine A" to the tanned or freckled surface, until a slight but tolerably uniform brownish-yellow skin has been produced. At the expiration of fifteen or twenty minutes moisten a piece of cambric, linen or soft rag with "B," and lay it upon the affected part, removing, squeezing away the liquid, soaking it afresh, and again applying until the iodide stain has disappeared. Repeat the entire process thrice daily but diminish the frequency of the application if tenderness is produced. In the course of from three or four days to as many weeks the freckles will either have disappeared entirely or their intensity will be greatly diminished. "Summer freckles" yield very speedily to this treatment.

MADAM RUPPERT'S FACE BLEACH.

Recent analysis assigns the following composition to this highly lauded cosmetic:

- ℞ Corrosive sublimate..... 1 gr.
 Tincture of benzoin..... 7 gr.
 Water500 gr.
 Mix. —(*Western Druggist.*)

COMEDONE LOTION.

- ℞ Sulphuric ether..... 1 oz.
 Carbonate ammonia..... 1 dr.
 Boracic acid.....20 gr.
 Water, to make.....16 dr.

Mix, and apply twice a day.

The ammonia carbonate forms a soap with the grease. The boracic acid acts as an antiseptic and the ether as a solvent.—(*Analytic.*)

HAGAN'S MAGNOLIA BALM.

Said to resemble the genuine.

R	Pure oxide of zinc.....	1 oz.
	Rose water.....	4 oz.
	Glycerine	1 dr.
	Perfume	25 drops.

—(*Lillard's Prac. Hints and Formulae.*)

LAC VIRGINS.

Cosmetic for skin.

R	Tinct. of benzoin.....	10 parts.
	Rose water.....	150 parts.

Mix.

A teaspoonful of this mixture, added to an ordinary hand-basin of water, makes an admirable cosmetic for the skin of the face and hands.

FINGER NAIL POLISH.

The finger nail being an appendage to the skin, we give the following formula for imparting smoothness and gloss to the nails:

R	Oxide of tin.....	4 lbs.
	Carmine	$\frac{3}{4}$ oz.
	Oil of lavender.....	150 gr.
	Oil of bergamot.....	150 gr.

The oxide of tin must be an impalpable powder and is mixed with the other substances in a mortar.

FUNK'S CREAM OF ROSES.

R	Tragacanth	I dr.
	Glycerine	I oz.
	Triple extract of white rose.....	I oz.
	Water	8 oz.
	Carmine	q. s. to color

MELVINA CREAM.

The following formula will make a preparation closely resembling the original:

R	Saxoline	265 gr.
	White wax.....	50 gr.
	Spermaceti	30 gr.
	Bismuth oxychloride.....	40 gr.
	Mercuric chloride.....	½ gr.
	Spirit of rose (4 drachms of oil to one pint).....	20 min.
	Oil of bitter almonds.....	1-20 min.

Warm the saxoline, white wax and spermaceti together until melted. While cooling incorporate the bismuth oxychloride and the mercuric chloride; this last previously dissolved in a little alcohol, and when nearly cold, stir in the perfume.

MELVINA LOTION.

This lotion is used in connection with the Melvina Cream, and is recommended by the manufacturers to remove freckles, pimples, moth-patches, liver moles, ringworm and salt rheum, and also to straighten wrinkles in the face, and cleanse and soften the skin to youthful freshness. The following formula will make a preparation similar to this remedy:

R	Mercuric chloride.....	2 gr.
	Zinc oxide.....	3 dr.
	Almonds	2 dr.
	Rose water.....	1 pt.

Make an emulsion of the almonds and rose water; dissolve the mercuric chloride and add this with the zinc oxide.—(*New Idea*.)

ROSALIND.

This is a cosmetic for tinting the fingers, face and lips, which preserves the skin, cures chapped hands, etc. The *New Idea* gives the following formula as approximately replacing the original:

R	Eosine	10 gr.
	White wax.....	30 gr.
	Spermaceti	30 gr.
	Amber saxoline.....	410 gr.

ECCHYMOSIS.

The following formula is the very best treatment known for discolored skin due to a bruise, especially the so-called "black eye:"

R	Tincture of Capsicum.....	1 dr.
	Gum arabic.....	1 dr.
	Glycerine	10 drops.

Paint this over the affected parts, allow it to dry and then apply again, until the surface has three or four coats. The formulae for other toilet preparations will be found in the chapter on Secret Nostrums.

The blame is on the poet clan
Who raved of golden hair,
Peroxide got its bloom from them,
And not from woman fair.

THE PAINLESS DENTAL SPECIALIST.

THE OBTUNDENT SYSTEM OF PAINLESS DENTISTRY.

Whoever procures exemption from physical suffering may be considered a public benefactor and in no other field of labor has there been a better chance of earning such a title than in that of extracting teeth, as the painless operator is the one whom people praise and patronize, but as a general rule a large percentage of operators have made a failure of local anæsthetics, (nostrums) and have discarded them altogether, as being worthless. They do not understand why some can make a success of their use and others can not. While this chapter will not be an exhaustive treatise on the subject, I will endeavor to make it as plain and practical as possible, and give all the information that will be required to handle local anæsthetics successfully. What will be said has been taken from the experience of myself and other operators under my observation, who have used this method successfully in over sixty thousand different operations; and I believe that every operator of ordinary skill and intelligence, who will faithfully follow the directions given will be equally successful.

In the year 1847 Dr. Oliver Wendell Holmes created the words, "Artificial Anæsthesia," and wrote: "Nature herself is working out the primal curse which doomed the tenderest of her creatures to the sharpest of her trials; but the fierce extremity of suffering has been

steeped in the waters of forgetfulness, and the deepest furrows in the knotted brow of agony has been smoothed forever."

The diminution of the cutaneous sensibility by the application of ice and freezing mixtures has long been practiced. It was not, however, until Richardson's method by the hand-ball spray apparatus had been proposed that there had been much use of local anæsthesia; this method consists in directing a current of atomized ether against the part to be anesthetized. The ether employed for this purpose should have a specific gravity not to exceed 0.723. Rhigolene, the lightest liquid known, a product of the fractional distillation of petroleum, is more effective than ether, but great difficulty attends its use, owing to its extreme volatility. When a current of atomized ether, or Rhigolene, is directed against the skin, the rapid evaporation produces an intense degree of cold, in consequence of which the nerves lose their power of transmitting impressions to the sensorium.

A serious drawback to this process of producing local anæsthesia is the unpleasant burning which follows in the part when it recovers from the freezing, and also the great pain which attends the application of the ether spray to certain parts.

Shortly after the spray apparatus fell into disuse, local anæsthesia was introduced by hypodermic medication, and while there has been an abundance of good energy wasted by some of our best authors (who have made a failure of it) in condemning the method, we find on the other hand a larger percentage of admirers who have discarded every other system of anæsthesia believing this to be superior to all.

COCAINE.

Careful researches in the study and chemical analysis of the many local anæsthetics (nostrums) which have flooded the market, prove that all local anæsthetics used

successfully by hypodermic medication have from one and one-half to five per cent. cocaine basis, and this work would be incomplete, without giving the reader a comprehensive knowledge of the physiological action of this valuable drug.

Although erythroxyton (cocaine) has been the subject of investigation, and its powers to suspend the functions of the sensory nervous system recognized, the character of its local action was not suspected. It was reserved for Dr. Koller, of Vienna, to discover its analgesic effects when applied directly to the mucous membrane, and this great fact he demonstrated before the ophthalmological congress at Heidelberg. It happened that the distinguished ophthalmologist of New York, Prof. Dr. Noyes, was in attendance on the congress and he sent to the *New York Medical Record*, a letter giving the facts of the discovery, and this proved to be the first statement in the English language of Koller's demonstration. As the possibilities of the future utility of cocaine as a local anæsthetic was then recognized, it created a profound impression, and in an incredibly short time this remarkable discovery became of common interest and in common possession. Everywhere cocaine was investigated by physiological and clinical methods, and the results confirmed the statements of Koller. To no one this side of the ocean, was the investigation of the properties and powers of cocaine of as much interest as to the medical and dental professions.

The character of the action of cocaine is much influenced by the amount administered, and the several stages of its action differ because the immediate and primary effect is necessarily opposed to the condition of reaction which seeks to restore the normal. When a sufficiently active (or toxic) dose is given, the first effect is stimulation; the heartbeats are accelerated; the respiration becomes more frequent; the reflexes respond to a distant irritation more promptly; the mind experiences a grateful sense of well-being and of activity, and ideation is ready, acute and comprehensive.

The stage of excitement continues for an hour or two,

and is succeeded by depression, which is at the same time physical, mental and moral. The pulse may continue quick, but its force declines, and some irregularity of its rhythm may occur; the skin grows moist or profuse sweating comes on; the bodily temperature declines a little, possibly; the appetite is lost, and nausea and vomiting increase the feeling of physical wretchedness and mental distress. Although cocaine is not actively toxic, and may be taken in enormous doses, we find some persons who are susceptible to its action, and are somewhat depressed by a smaller quantity. On the other hand, we find in an interesting article written by Dr. William A. Hammond and read at the eighteenth annual session of the Medical Society of Virginia, at Richmond, in which he reports taking eighteen grains at a dose, which I think will be of sufficient interest to quote in full, for it fully explains the true physiological action of the drug better than any article ever written, to my knowledge. The doctor said:

"About two years ago I undertook a series of experiments with this agent on myself, with the object of obtaining more satisfactory information relative to its action than it seemed possible for me to get otherwise. I began by injecting a grain of the substance under the skin of the forearm, the operation being performed at 8 o'clock p. m.

"The first effect ensued in about five minutes, and consisted of a pleasant thrill which seemed to pass through my whole body. This lasted about ten minutes and shortly after its appearance, was accompanied by a sensation of fullness in the head and heat of the face. There was also noticed a decided acceleration of the pulse with increase of force. This latter symptom was probably, judging from subsequent experiments, the very first to ensue, but my attention being otherwise engaged, it was overlooked. On feeling the pulse five minutes after making the injection, it was found to be ninety-four, while immediately before the operation it was only eighty-two.

"With these physical phenomena, there was a sense of exhilaration and an increase of mental activity that were

well marked, and not unlike in character those that ordinarily follow a glass or two of champagne. I was writing at the time, and I found that my thoughts flowed with increased freedom, and were unusually well expressed. The influence was felt for two hours, when it gradually began to fade. At 12 o'clock, four hours after the injection, I went to bed, feeling, however, no disposition to sleep. I lay awake till daylight, my mind actively going over all the events of the previous day. When I at last fell asleep, it was only for two or three hours, and then I awoke with a severe frontal headache. This passed off after breakfast.

"On the second night following, at 7 o'clock, I injected two grains of the hydrochlorate of cocaine into the skin of the forearm. At that time the pulse was eighty-four full and soft. In four minutes and a half it had increased to ninety-two, was decidedly stronger than before, and somewhat irregular in rhythm. The peculiar thrill previously mentioned was again experienced. All the phenomena attendant on the first experiment were present in this, and to an increased degree. In addition there was twitching of the muscles of the face, and a slight tremor of the hands, noticed especially in writing. In regard to the mental manifestations there was a similar exhilaration as in the last experiment, but much more intense in character. I felt a great desire to write, and did so with a freedom and apparent clearness that astonished me. I was quite sure, however, at the time that on the following morning, when I came to read it over, I would find my lucubrations to be of no value; I was therefore greatly disappointed when I came to peruse it, after the effects of the drug had passed off, that it was entirely coherent, logical and as good, if not better, in character than anything I had previously written.

"The effects of this dose did not disappear till the middle of next day, nor until I had drank two or three cups of strong coffee. I slept little or none at all, the night being passed in tossing from side to side of the bed, and in thinking of the most preposterous subjects. I was, however, at no time unconscious, but it seemed as though

my mind was, to some extent, prevented from its usual course of action. The heat of the head was greatest at about 12 o'clock, and at that time my pulse was 112, the highest point reached. I had no headache until after rising, and the pain disappeared in the course of the morning.

"Four nights subsequently I injected four grains of the hydrochlorate of cocaine into the skin of the left forearm. The effects were similar in almost every respect with those of the other experiments except that they were much more intense. The mental activity was exceedingly great, and in writing, my thoughts, as before, appeared to be lucidly and logically expressed. I wrote page after page, throwing the sheets on the floor without stopping to gather them together. When, however, I came to look them over the following morning, I found that I had written a series of high-flown sentences altogether different from my usual style, and bearing upon matters in which I was not in the least interested. The result was very striking as showing the difference between a large and excessive dose of the drug, and yet it appeared to me at the time that what I was writing consisted of ideas of a very superior character, and expressed with a beauty of diction of which I was, in my normal condition, altogether incapable.

"The disturbance of the action of the heart was also exceedingly well marked, and may be described best by the word "tumultuous." At times beginning within three minutes after the injection, and continuing with more or less intensity all through the night, the heart beat so rapidly that its pulsations could not be counted; and then its action would suddenly fall to a rate not exceeding 60 in a minute, every now and then dropping a beat. This irregularity was accompanied by a disturbance of respiration of a similar character, and by a sense of oppression in the chest which added greatly to my discomfort.

"On subsequent nights I took six, eight, ten and twelve grains of the cocaine at a dose, but I will not detain the society with a detailed account of the effects

produced. It will be sufficient to say that they were similar in general characteristics, though of gradually increasing intensity in accordance with the dose taken, to that in which four grains were injected.

"In all there was great mental excitement, increased fluency of thought, and exaggerated disposition to write: the matter written being disconnected and at times, almost incoherent, though it appeared to me at the moment to be wonderfully logical and profound. In one, that in which twelve grains were taken, I was conscious of a tendency to talk, and as far as my recollection extends, I believe I did make a long speech on some subject of which I had no remembrance the next day. In all the action of the heart was increased, was irregular in rhythm and force to such an extent that I was apprehensive of serious results. Insomnia was a marked characteristic, and there was invariably a headache the following morning.

"In all cases the effects passed off about midday, and by evening I was as well as ever.

"Up to this time I certainly had not taken a poisonous dose of cocaine, or one that had produced inconvenience. My experience had satisfied me that a much larger dose than any I had up to that time injected might in my case, at least, be taken with impunity. A consideration of the phenomena observed appeared to show that the effects produced by twelve grains were not very much more pronounced than those following six grains. I determined therefore to make one more experiment, and to inject eighteen grains. I knew that in a case of attempted suicide twenty-three grains had been taken into the stomach without seemingly injurious effect, and that in another case thirty-two grains were taken within the space of three hours without symptoms following of greater intensity than those I had experienced.

"I had taken the dose of eight, ten and twelve grains in divided quantities, and this dose of eighteen grains I took in four portions, within five minutes of each other. At once an effect was produced upon the heart, and before I had taken the last injection the pulsations were 140

to the minute and characteristically irregular. In all the former experiments, although there was great mental exaltation, amounting at times almost to delirium, it was nevertheless distinctly under my control, and I am sure that at any time under the influence of a sufficiently powerful incentive I could have obtained entire mastery over myself, and have acted after my normal manner. But in this instance, within five minutes after taking the last injection, I felt that my mind was passing beyond my control, and that I was becoming an irresponsible agent. I did not feel exactly in a reckless mood, but I was in such a frame of mind as to be utterly regardless of any calamity or danger that might be impending over me. I do not think I was in a particularly combative condition, but I was elated and possessed of a feeling as though exempt from the operation of deleterious influences. I do not know how long this state of mind continued, for I lost consciousness of all my acts within, I think, half an hour after finishing the administration of the dose. Probably, however, other moods supervened, for the next day when I came down stairs three hours after my usual time, I found the floor of my library strewn with encyclopedias, dictionaries and other books of reference, and one or two chairs overturned. I certainly was possessed of the power of mental and physical action in accordance with the ideas by which I was governed, for I had turned out the gas in the room and gone up stairs to my bed chamber and lighted the gas, and put the match used in a safe place, and undressed, laying my clothes in their usual place, had cleaned my teeth and gone to bed. Doubtless these acts were all automatic, for I had done them all in pretty much the same way for a number of years. During the night the condition which existed, was, judging from the previous experiments, certainly not sleep, and yet I remained entirely unconscious until 9 o'clock the following morning, when I found myself in bed with a splitting headache and a good deal of cardiac and respiratory disturbance. For several days afterwards I felt the effects of this extreme dose in a certain degree of languor and indisposi-

tion to mental or physical exertion; there was also a difficulty in concentrating the attention, but I slept soundly every night without any notable disturbance from dreams.

"Certainly in this instance I came very near taking a fatal dose, and I would not advise anybody to repeat the experiment. I suppose if I had taken the whole quantity in one single injection, instead of in four, over a period of twenty minutes the result might have been disastrous. Eighteen grains of cocaine are equivalent to about 3,630 grains of coca leaves, and of course, owing to its concentration, capable of acting with very much greater intensity.

"I am not aware that a fatal dose of cocaine has yet been indicated by actual fact. Probably eighteen grains would kill some people, and perhaps ever smaller quantities might, with certain individuals, be fatal. But these are inferences and not facts; but so far as I know, there is not an instance on record of a person dying from the administration of cocaine. So far as my experiments extend (and I think it will be admitted that they have gone as far as is safe), I am inclined to think that a dose sufficient to produce death would do so by action on the heart. Certainly it was there that, in my case, the most dangerous symptoms were perceived. The rapidity, force, and marked irregularity of the pulse all showed that the innervation of the heart was seriously affected.

"It is surprising that no marked influence appeared to be exercised upon the spinal cord, or upon the ganglia of the base of the brain. Thus there were no disturbances of sensibility (no anæsthesia, no hyperæsthesia) and no interference with motility, except that some of the muscles, especially those of the face, were subjected to slight twitchings. In regard to sight and hearing, I noticed that both were affected, but that while the sharpness of vision were decidedly lessened, the hearing was increased in acuteness. At no time were there any hallucinations."

Cocaine is eliminated by the kidneys, and may be detected in the urine; the excretion takes place in a few

hours and hence, any effect it has on the organism is not persistent. An impression has prevailed that it is especially hurtful, but this conception of its character has developed out of a misconception, and unless an idiosyncrasy exists (which is easily detected), the proper use of cocaine, seems to be not incompatible with a normal degree of bodily and mental vigor.

In formulating a local anæsthetic to be used in dental or minor surgery, there are several objects to be obtained, viz.: First, to have one that will be safe at all times; second, one that can be used in all pathological conditions of the gums; third, one that will have no bad after effects; fourth, one that will not decompose, within a reasonable length of time.

In the following formulæ I think we have overcome all these obstacles and have an anæsthetic that is safe and can be used in all pathological conditions of the gums without any bad after effects, if used with anti-septic precautions and ordinary skill.

OBTUNDENT FORMULÆ.

No. 1.

R	Cocaine hydrochlorate (Merck's).....	20 gr.
	Atropine sulphate.....	3-10 gr.
	Chloral hydrate.....	20 gr.
	Phenoresorcine	½ dr.
	Aqua cinnamon.....	4 oz.

No. 2.

R	Cocaine hydrochlorate (Merck's).....	40 gr.
	Atropine sulphate.....	3-10 gr.
	Chloral hydrate.....	20 gr.
	Phenoresorcine	½ dr.
	Aqua cinnamon.....	4 oz.

No. 3.

R	Cocaine hydrochlorate (Merck's).....	1 dr.
	Atropine sulphate.....	3-10 gr.
	Chloral hydrate.....	20 gr.
	Phenoresorcine	½ dr.
	Aqua cinnamon.....	4 oz.

No. 4.

R	Cocaine hydrochlorate (Merck's)....	80 gr.
	Atropine sulphate.....	3-10 gr.
	Chloral hydrate.....	20 gr.
	Phenoresorcine	½ dr.
	Aqua cinnamon.....	4 oz.

Mix and filter through absorbent cotton until clear.

The above formulae represent a one, two, three and four per cent solution. For all general purposes, I use formula No. 3. In having these formulae compounded you should be sure and have it done by some one who is careful and competent and will see that the drugs are fresh and pure, and from a reputable house, of which Merck's is preferable. The question naturally arises, why the above formulae have any advantage over a common cocaine solution?

Atropine given in small doses, as in this formula, is a cardiac, respiratory and spinal stimulant, and tends to counteract the effects of the cocaine more than any other remedy we possess. By the term phenoresorcine is meant by Riverdine, a mixture of carbolic acid and resorcine, sixty-seven parts of the former and thirty-three of the latter. This mixture crystallizes on cooling and by the addition of ten per cent. of water (which is always used in the above formulae as follows):

R	Carbolic acid.....	67 parts.
	Resorcine	33 parts.
	Aqua	10 parts.

The above formula mixes with water in all proportions, combining the virtues of both remedies.

Phenoresorcine is not only an efficient and valuable antiseptic and local anæsthetic, but it is indispensable in localizing the anæsthesia, and preventing its constitutional absorption, it was also discovered by laryngologists if used in conjunction with cocaine, it alleviated the nausea which sometimes follows the use of that drug. Phenoresorcine is also one of the most valuable remedies we could select to preserve the preparation. While a common cocaine solution is almost worthless at the end of a week, this preserves the preparations for months. Chloral hydrate, like phenoresorcine has a marked antiseptic and local anæsthetic effect, and also assists the other remedies in localizing the anæsthesia and prevents its absorption into the general circulation. Aqua cinnamon as used in these formulæ is composed as follows:

R Oil of cinnamon.....6 drops.
 Glycerine1 dr.
 Aqua distilled.....4 oz.

Mix and filter through absorbent cotton until clear.

This makes an aromatic solution which disguises the odor of the phenoresorcine. It also assists in preserving the preparation.

HYPODERMIC SYRINGE AND NEEDLES.

The syringe for this kind of work should have a strong broad cross bar, or finger brace, also a large flat piston head so that by continual use it will not make the fingers sore. The piston stem should have a minim graduate, or scale, and an easily working nut on the same (for we

can best regulate the use of our medicine with this nut). The diameter of the glass cylinder should be quite small, so that you may run up a high pressure when required. Never use a syringe that holds over thirty minims, as larger ones take up too much room when operating. The metal frame work holding the glass cylinder should be open on both sides so that you can have a clear view of the contents of the syringe, and know that it contains no air or floating matter when operating.

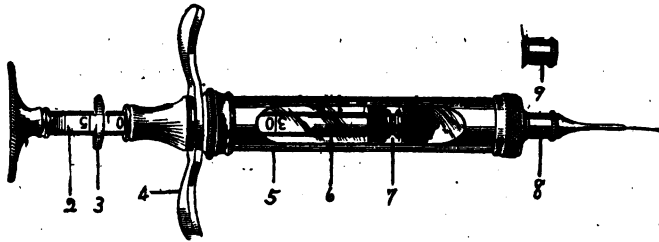


SYRINGE AND CASE DESIGNED FOR DENTAL OPERATIONS.

The needle should be of medium size, about twenty-two, twenty-three or twenty-four standard wire gauge is the proper size. When the syringe is not in use, put a wire previously dipped in olive oil through the needle, and screw the cap on the syringe tight; this keeps the needle from rusting and getting stopped up and the packing of the syringe from drying out. If you are not using the syringe continually, you should oil the cylinder occasionally and always keep it in working order, and ready for use. Before using the syringe again, be sure that it has been disinfected and is in a thoroughly antiseptic condition. Never use a rusty needle, or one that has a blunt, or rough edge. They always cause more or less

irritation. One of the best things to sharpen a needle on, is a common honing stone.

The accompanying cut represents the kind of syringe to be used when operating with local anæsthetics: 1. Piston head. 2. A 30 minim graduated piston stem with scale. 3. Nut which is set for about two minims, sufficient to inject one side of a molar. 4. Finger brace. 5. Metal frame work supporting glass cylinder. 6. Glass cylinder. 7. Plunger with oil chamber. 8. Needle. 9. Cap to be applied when syringe is not in use. If your needle should get stopped up, so that you cannot get a wire through, but can force water through, put a drop



REGULAR DENTAL SYRINGE—TWO-THIRDS SIZE.

of sulphuric or hydrochloric acid in the funnel end of the needle, and blow until it shows at the point, allow it to remain this way a little while, then try to get the wire through; should you fail, try the acid preparation again until you succeed and then rinse the needle and syringe thoroughly.

TO FILL THE SYRINGE.

With the medicine screw the needle on tightly (never remove the needle to fill the syringe). Insert the needle in the anæsthetic until it has been thoroughly immersed, then slowly draw the piston back until you get all the medicine you can in the syringe. Adjust the needle upwards and make sufficient pressure on the piston to force all the air out of the syringe and needle; in this way you

obviate the danger of injecting air into the tissues. Before operating make a swab by winding some absorbent cotton around the point of a pair of pliers. (See cut.) Dip this into an antiseptic solution of which listerine is one of the best for this purpose, and bathe the gums thoroughly around the teeth to be operated on. This makes the operation thoroughly antiseptic, providing you have kept your syringe aseptic.

THE GUMS

To be operated on by the use of local anæsthetics can be divided in three classes, viz.: Firm, spongy and diseased. The firm gums are the most favorable of all for the use of local anæsthetics, inasmuch as they retain the medicine in place a greater length of time, and lessen the constitutional absorption. You will find it requires a greater degree of pressure to force the medicine in firm gums than it does where they are spongy, and generally a sac will form where the medicine has been in-



ANTISEPTIC SWAB—ONE-HALF SIZE.

jected which should always be spread by the antiseptic swab. Spongy gums are much more treacherous than firm gums, and if you do not watch them carefully after withdrawing the needle the medicine will escape, and you will not get the desired effect. Hence after withdrawing the needle, apply the antiseptic swab and scatter the medicine immediately. Ulcerated and diseased gums are almost invariably spongy and should always be treated as such, and carry out the antiseptic method of treatment more thoroughly by using listerine freely. Should there be an abscess I always open it freely and inject peroxide of hydrogen.

Swelling of the gums will follow the use of local anæsthetics in a certain per cent. of operations, which seems unavoidable, especially if the gums are diseased. The difficulty subsides in a few days, and leaves the gums in a perfectly healthy condition.

TO INSERT THE NEEDLE.

Insert the needle about one-twelfth of an inch above or below the gum margin, as the case may be. Do not try to insert the needle between the gum and the tooth at its margin (a mistake made by many operators), as



METHOD OF INSERTING THE NEEDLE.

you are quite sure to insert some debris which generally accumulates at the margin, along with the needle, which always causes more or less irritation. To insert the needle with but little pain, put the flat side of the needle on the gums and just make sufficient pressure to catch

the needle under the gum tissue, and as you push the needle in on a line with the roots, force the medicine ahead of the needle until you have reached a depth corresponding with the length of the roots; withdraw the needle and make sufficient pressure on the outside surface with the antiseptic swab to scatter the medicine and hasten its absorption by the alveolus. A similar treatment should then be made on the opposite side of the tooth and extract immediately. I never exceed waiting over one minute after rubbing the gums with the antiseptic swab. In this way you liberate a large portion of the medicine, hence more can be used for this purpose than where it gets access to the general circulation. Regulate the amount of medicine used at each injection by the nut on the graduated piston stem. In this way you do not have to watch the syringe to see how much medicine you are using at each injection, but you know when the nut on the piston stem comes in contact with the syringe, just how much medicine has been used.

THE AMOUNT OF MEDICINE USED

In preparing teeth varies according to the teeth being prepared for operation. Molars and canines require more medicine than incisors and bicuspides. It also requires more medicine to prepare a single tooth than it would a number located together. For instance, if I were to prepare a single molar I would use from two to two and one-half minims on each side of the tooth, where if I was to prepare a number of molars located together I would use from one and one-half to two minims on each side. In preparing the four incisors at once, I make five injection, two on the lingual and three on the labial side, using about one and one-half or two minims at each injection. In preparing any single tooth, all molars and canines always inject on each side of the tooth. The reason it does not take as many injections on the lingual

side as it does on the labial is, the space is more compact and the tissues more dense, and you can spread the medicine at your will with the antiseptic swab, which I always hold in my left hand when preparing the teeth. The accompanying cut will show about where to insert the medicine for a complete operation. The dots representing about where the needle should be inserted. It will require a little experience to become skilled in manipulating the syringe and needle, and the more you operate, the less medicine you will use, as it requires a little practice to learn where the medicine will do the most good. While I claim that the use of



The dots in the above cut represents where the needle should be inserted for a complete operation

these anæsthetics when carefully administered are perfectly harmless, at the same time I insist that they be properly used. Dentists generally think if they cannot inject a whole mouth full of a local anæsthetic into a patient's gums at once, the anæsthetic is at fault. Experience with the use of these formulæ in over sixty thousand different operations by myself and others under my observation, convinces me, that they are the safest and best in use, and, if handled with out-fourth the skill other anæsthetics are, you would never hear of any bad effects resulting from their use. It is not the use of a medicine but the abuse of it, that makes people con-

demn it. In carefully looking up the records of the use of local anæsthetics, I am not able to report a single death caused by their use. If a patient presented himself for you to administer chloroform, you wouldn't commence by pouring one or two ounces of the drug on a napkin for inhalation, but would begin gradually, the same method should be observed in using local anæsthetics. Instead of injecting a patient's gum full of the anæsthetic the first thing, carefully prepare one or two teeth, and operate in this way. If the operation is painless and successful, you get the patient's confidence, and he loses all fear of proceeding farther. Always allow a few minutes (from five to fifteen) after each operation for the patient to rinse his mouth and the gums, to stop bleeding. Then prepare three or four more, allowing sufficient time after each operation for the patient to rinse his mouth, and his gums stop bleeding. If your patient gets impatient, tell him you cannot operate while his gums are bleeding; for the secret of safety and success is to allow sufficient time to intervene after each operation. I will admit I am a hundred times more reckless than the instructions given above, as I frequently prepare from ten to sixteen teeth at a time, but I am so accustomed to its use, and can judge the temperament of a patient so well that I am perfectly safe in doing so, and the above instructions are laid down for operators with less experience and it is always best to be on the safe side.

Should you ever make such a mistake as to inject the gums full of the medicine at once and the patient should complain of feeling faint, sick at his stomach, etc., extract immediately, and this will liberate a large portion of the anæsthetic, also give the patient a liberal supply of good liquor (preferably brandy), and they will generally feel all right in a few minutes; but do not continue the operation until the patient tells you he feels better and is ready to proceed.

If stronger stimulants are required, aromatic spirits of ammonia and *amyl nitrate* may be used to good advantage.

YOUR SUCCESS.

There has been much said of late in current literature regarding sloughing gums and disastrous after effects following the use of local anæsthetics, and they do not understand why one dentist can handle a local anæsthetic successfully and another cannot. Many dentists will secure some nostrum, allow it to stand around the office for three or four months exposed to the heat and light until it decomposes and loses its strength, throw their syringe into a box, allow it to corrode, dry up, and the needle get rusty, and when a patient presents himself he gets the benefit by having some decomposed medicine injected in his gums through a corroded and rusty syringe and needle. The patient complains that the operation has been painful (and he ought to). He will probably return in a few days with his face swollen badly and you might find an abscess where the needle was inserted to add to the patient's misery.

There is always a right and a wrong way for everything, and if the operator will follow the instructions given and observe the following "pointers" I will assure him that he will be successful while his competitors are not: First—Always operate under antiseptic precautions by using listerine or some other antiseptic freely. Second—Never allow your syringe and needle to corrode, dry up and become rusty, but always keep it aseptic and in working order. Third—Never get in a hurry, but give the patient plenty of time to rinse his mouth, etc. Fourth—Always operate more slowly on weak, nervous and sickly people, than you would on the robust. Fifth—Be sure that the medicine has been inserted in the gum and not squirted in the mouth, as the medicine that gets into the mouth is what causes the patient to complain of sore throat, stiff tongue, faint, sick at stomach, etc. Never operate without having liquor at hand that no needed stimulation may be delayed.

SECRET NOSTRUMS AND NEW PREPARATIONS.

It has seemed to be the sole ambition of the nostrum venders to formulate a local anæsthetic without the use of cocaine, and with this aim in view, some of them have extolled the virtues of many familiar preparations, such as Aristol, Listerine, etc. While others who have wished to make their "wonderful discoveries" more mysterious, have attributed them to some foreign country, and now we have offered us "The Hindoo Anæsthetic" and the "Brazilian Anæsthetic" (Dorsenia), and many others, all of which are claimed to be a reliable substitute for cocaine, and free from its disadvantages.

On the other hand, there has been many legitimate products offered which are entitled to all the credit given them by their manufacturers. Most prominent among these may be mentioned eucaine, tropo-cocaine and chloretone. I have used these remedies quite extensively, but do not believe that their action can be compared with cocaine, which in my opinion is par excellence as a local anæsthetic. There has been several secret preparations analyzed to determine the percentage of cocaine, which I will give and also the published formulæ of several advertised dentifrices.

ODONTUNDER.

A. W. Diack, D. D. S., in the *Medical World*, gives the following for the above named much advertised local anæsthetic. He says the following has been given me as (approximately) the correct analysis of the compound:

R	Carbolic acid.....	½ dr.
	Tinct. iodine.....	½ dr.
	Potassium iodide.....	1 dr.
	Glycerine	2 oz.
	Aqua	2½ oz.
	Cocaine, about.....	34 gr.

Charles M. Kerr, M. D., writes that he made an analysis of a similar compound called

ANÆSTHETINE

With the following results:

- ℞ Cocaine.....4 per cent. solution.
 Boracic acid.....quantity not estimated.
 Creasotequantity not estimated.
 Glycerinequantity not estimated.
-

DENS ANTI POENA.

The following is the result of an analysis of the above named compound made in Frederick Stearns & Co. laboratory. The examination was made to find the per cent. of cocaine with the following results:

- ℞ Cocaine.....about 2 per cent.
 Chloralper cent. not estimated.
 Carbolic acid.....per cent. not estimated.
 Cinnamonper cent. not estimated.
-

PARSONS' LOCAL ANÆSTHETIC.

- ℞ Chloroform12 parts.
 Tinct. aconite.....12 parts.
 Tinct. capsicum.....4 parts.
 Tinct. pyrethrum.....2 parts.
 Oil cloves.....2 parts.
 Camphor2 parts.

Dissolve the camphor in the chloroform, then add the oil of cloves, and then the tinctures. The venerable Dr. Parsons, in sending this formula for publication says: "I cannot expect to remain much longer in this world, and I want the profession to know the value of this local anæsthetic."

ODONTODOL.

- ℞ Cocaine hydrochlorate.....1 part.
 Oil of cherry laurel.....1 part.
 Tincture of arnica.....10 parts.
 Solution of ammonia acetate.....30 parts.
-

JESSOP'S ANÆSTHETIC.

- ℞ Cocaine hydrochlorate.....2.63 per cent.
 Carbolic acid.....per cent. not estimated.
 Oil of rose.....per cent. not estimated.
 Aqua.....q. s.
-

DICKSON'S ANÆSTHETIC.

- ℞ Cocaine hydrochlorate.....3.90 per cent.
 Carbolic acid.....per cent. not estimated.
 Chloral hydrate.....per cent. not estimated.
 Aqua distilled.....q. s.
-

DORSENIA.

- ℞ Cocaine hydrochlorate.....0.20 per cent.
 Carbolic acid.....per cent. not estimated.
 Camphorper cent. not estimated.
 Alcoholper cent. not estimated.
 Aqua.....q. s.
-

WEINMANN'S ANÆSTHETIC.

- ℞ Cocaine hydrochlorate.....5.68 per cent.
 Aristolper cent. not estimated.
 Oil of peppermint...per cent. not estimated.
 Br. coloring matter per cent. not estimated.
 Alcoholper cent. not estimated.
 Aqua.....q. s.

DENTAL SURPRISE.

- B Cocaine hydrochlorate.....1.46 per cent.
 Carbolic acid.....per cent. not estimated.
 Aqua.....q. s.
-

ANÆSTHETO OBTUNDENT.

- B Cocaine hydrochlorate.....3.39 per cent.
 Carbolic acid.....per cent. not estimated.
 Camphorper cent. not estimated.
 Glycerineper cent. not estimated.
 Oil of cinnamon.....per cent. not estimated.
 Oil of Citranella....per cent. not estimated.
 Alcoholper cent. not estimated.
 Aqua.....q. s.
-

ODOLGINE.

- B Cocaine21 gr.
 Tincture of iodine.....9 min.
 Potassium iodide.....2 gr.
 Carbolic acid.....6 min.
 Witch hazel.....1 oz.
 Glycerine1 oz.
 Aqua3 oz.
-

BARR'S ANÆSTHETIC.

- B Alcoholper cent. not estimated.
 Oil of peppermint..per cent. not estimated.
 Oil of cloves.....per cent. not estimated.
-

EUREKA ANÆSTHETIC.

- B Cocaine hydrochlorate.....3.26 per cent.
 Carbolic acid.....per cent. not estimated.
 Oil of rose.....per cent. not estimated.
 Aqua.....q. s.

AROPHENE.

- R Cocaine hydrochlorate.....1.46 per cent.
 Carbolic acid.....per cent. not estimated.
 Chloral hydrate.....per cent. not estimated.
 Glycerineper cent. not estimated.
 Oil of rose.....per cent. not estimated.
 Alcoholper cent. not estimated.
 Aqua distilled.....q. s.
-

DENTIFRICES.

REID'S ANTISEPTIC LIQUID DENTIFRICE.

- R Thymol2 gr.
 Carbolic acid.....5 drops.
 Oil sassafras.....8 drops.
 Oil wintergreen.....8 drops.
 Oil rose geranium (Turk).....8 drops.
 Oil eucalyptus.....3 drops.
 Oil calamus.....5 drops.
 Oil pinus pumilio.....20 drops.
 Glycerine2 oz.
 Alcohol4½ oz.
 White castile soap.....2 dr.
 Dist. water q. s. to.....16 oz.
 Calcium phosphate.....q. s.
 Caramel
 Tinct. cudbear.....aa. q. s. to color

Dissolve the soap in five ounces of warm water. Dissolve the acid and oils in the alcohol and add to the soap solution. Filter through paper containing a small quantity of calcium phosphate. Add glycerine.

VAN BUSKIRK'S SOZODONT.

R	White soap (powdered).....	½ dr.
	Alcohol	1 oz.
	Aqua	6 dr.
	Glycerine	2 dr.
	Oil of peppermint.....	
	Oil of cloves.....	
	Oil of wintergreen.....	q. s.
	Powdered cochineal.....	q. s. to color

FRAGRANT SOZODONT POWDER.

R	Calcis precipitate.....	1 oz.
	Magnesii carbonatis.....	1 oz.
	Iridis florent radicis.....	1 oz.

Triturate.....

RUSHMERE LIQUID DENTIFRICE.

R	Soap bark ground.....	2 oz.
	Glycerine	1½ oz.
	Salicylate sodium.....	2 dr.
	Oil bergamot.....	½ dr.
	Oil wintergreen.....	½ dr.
	Oil cloves.....	10 drops.
	Alcohol	1 oz.
	Solution carmine (N. F.).....	q. s.
	Dilute alcohol, to make.....	16 fl. oz.

Macerate the soap bark with the diluted alcohol and glycerine, then percolate. To the percolate add the oils dissolved in the alcohol. To this add the salicylate of sodium and sufficient solution of carmine to color. Shake thoroughly and filter through wetted talcum, returning

first portion to the filtrate until it runs clear and add enough dilute alcohol through the filter to make the measure one pint.

CALDER'S SAPONACEOUS DENTINE.

- R Calcium carbonate.....59 per cent.
 Soap44 per cent.
 Oil of wintergreen.....sufficient to flavor.

ROSE DENTOLINE.

- R Quillaja, coarse powder.....2 oz.
 Glycerine2 oz.
 Cologne spirits.....8 oz.
 Rose water.....2 pts.
 Solution carmine.....3 dr.
 Essence vanilla..... $\frac{1}{2}$ oz.
 Oil wintergreen.....30 drops.
 Oil cloves.....10 drops.

Dissolve the oils and essence in the spirits, add the rose water, and in the whole digest the quillaja for two weeks, shaking occasionally. Finally add the glycerine and coloring solution and filter.

The carmine solution is made by rubbing one dram carmine with one-half ounce aqua ammonia till dissolved, then add three and one-half ounces water.

BROWN'S CAMPHORATED SAPONACEOUS DENTINE.

- R Calcium carbonate.....71 per cent.
 Soap
 Camphoraa. 29 per cent.

DENTINE.

℞	White castile soap.....	1½ oz.
	Glycerine	4 fl. oz.
	Cologne spirits.....	6 oz.
	Hot water.....	6 oz.
	Oil peppermint.....	20 min.
	Oil wintergreen.....	30 min.
	Oil cloves.....	10 min.
	Extract vanilla.....	½ fl. oz.
	Carmine coloring.....	q. s.

Dissolve the soap in the hot water, add the glycerine and vanilla. Dissolve the oils in the alcohol. Mix the two solutions, add the color, allow to stand twenty-four hours and filter. (A little powdered charcoal in the filter improves the preparation.)

CRETÆ CREAM.

℞	Precip. chalk.....	3 oz.
	Powdered carb. magnesia.....	2 dr.
	Powdered white castile soap.....	40 gr.

Mix and add:

	Oil cloves.....	
	Oil cassia.....	
	Oil orange sweet.....	
	Oil lavender flowers.....	aa. 1 min.
	Oil rose geranium (Turk).....	3 min.

Mix thoroughly, then add a mixture of

	Glycerine	1 fl. oz.
	Water	6 fl. dr.

Triturate for a long time.

DENTALBA.

℞	Precip, chalk.....	12 oz.
	Prep. chalk.....	6 oz.
	Powd. orris.....	6 dr.
	Essence vanilla.....	3 dr.
	Tinct. coumarin.....	6 dr.
	Tinct. benzoin.....	3 dr.
	Ammonia (stronger).....	1 dr.
	Carminc.....	1 dr.
	Otto rose.....	12 min.
	Oil cloves.....	12 min.
	Glycerine.....	8 oz. or q. s.

(Note.—The color, to our mind, is too strong, otherwise the preparation is an excellent one.—Ed.)

CITROLEINE DENTIFRICE.

℞	Cretæ præcip.....	1 lb.
	Pulv. sacch.....	2 oz.
	Pulv. iridis.....	4 oz.
	Cuttle fish bone.....	2 oz.
	Soda bicarb.....	2 oz.
	Oil lemon.....	2 dr.

Mix.

First tint the precipitated chalk with a concentrated tincture of saffron, and then spread on paper to dry. Then take the soft portion of the fish bone which can be scraped off with a knife, place in a mortar with the sugar, rub well down to a fine powder. To this gradually add the powdered orris root, bicarbonate of soda and oil of lemon. Mix thoroughly, then gradually incorporate with the chalk by working in a mortar and sifter.

IMPERIAL TOOTH POWDER.

- ℞ Precipitated chalk.....8 oz.
 Powdered castile soap.....1 oz.
 Powd. cuttle fish bone.....
 Powd. orris root.....aa. $\frac{1}{2}$ oz.
 Oil wintergreen..... $\frac{1}{2}$ fl. dr.
 Prepared coloring.....q. s. to suit.

Prepared coloring:

- ℞ Carmine No. 40..... $\frac{1}{2}$ oz.
 Water
 Aqua. ammonia.....aa. 8 oz.

Triturate the carmine with the ammonia, add the water and filter.

To the chalk add $\frac{1}{2}$ ounce of the coloring.

RUBICREME.

- ℞ Menthol2 scruples.
 Oil clove.....
 Oil peppermint.....aa. $1\frac{1}{2}$ dr.
 Boric acid.....9 dr.
 Tinct. myrrh..... $4\frac{1}{2}$ oz.
 Tinct. cudbear, N. F.....2 oz.
 Alcohol to make.....36 fl. oz.

Dissolve the menthol and boric acid in 20 ounces of the alcohol, add the oils and then the tinctures, filter and add the alcohol to make 36 fl. ounces.

DENTENAMEL.

℞ Saccharin	
Soda bicarb.....	aa. 24 gr.
Cretæ precip.....	12 oz.
Mag. carb.....	3 dr.
Soap powd.....	
Orris	aa. 9 dr.
Thymol	
Carmine	aa. 24 gr.
Oil genanium.....	24 min.
Oil gaultherium.....	12 min.

Rub the thymol and carmine with the carbonate of magnesia and add the essential oils; then the cretæ precip. and the pulv. orris; lastly the soap. Pass through a sieve and add the saccharine and bicarbonate of soda, and again pass through a fine sieve.

ROSE DENTIFRICE.

℞ Prepared chalk.....	3½ lb. av.
Sugar of milk.....	1¼ lb. av.
Best powd. orris root.....	¼ lb. av.
Carmine No. 40.....	40 gr.
Oil rose.....	20 m. or 40 drops.

Rub the chalk, orris root and ¾ lb. of sugar of milk together in a capacious mortar and pass the mixture through a No. 80 sieve. Then rub up the carmine in the mortar and gradually add to it whilst rubbing the remaining sugar of milk. To this mixture add the oil of rose and after rubbing all well together add to it about ½ lb. of the sifted mixture, stir this well together and also pass it through a sieve. Mix.

"My curse upon thy venom'd stang,
That shoots my tortured gums along;
And through my lugs lies mony a twang,
Wi' gnawing vengeance;
Tearing my nerves wi' bitter pang,
Like racking engines."

—Burns.

THE HYPNOTIC SPECIALIST.

The medical profession of this country have never seemed to study the phenomena of hypnotism as our medical brothers across the water have. Although it is a subject that interests the statesman, the scientist, the professional man and the layman alike, it is discussed by a few only, and is marveled at by the many.

Showmen and charlatans have endeavored to hold the world at bay regarding its secrets by teaching the people that they were in possession of a gifted mystic power.

While the phenomena of hypnotism are beyond the scope of this book, I feel that I would be neglecting a very important subject if I did not divest it of the supernatural and explain how it is done.

If there is any class of people who should acquire a knowledge of hypnotism, it is the medical profession, for in their hands, it will find its greatest field of usefulness as a healing agent and sociological factor.

In the following pages, I will endeavor to give, in brief, the history of hypnotism; the different methods of producing the hypnotic state; hypnotism as a curative agent, etc. This may seem very simple to you. It is simple and by following the instructions, and with a little practice, you can produce all the different phenomena of hypnotism, as well as other operators. Every physician should at least be familiar with the subject, if he does not practice it.

THE HISTORY OF HYPNOTISM.

It is almost impossible to realize what an important part hypnotism has played in the political and religious histories of the world. It has made prophets and seers of old, witches and wizards at the beginning of the last century, and all kinds and conditions of religious fanatics of our present day. The laying on of hands, the absent treatment and other methods used by the modern divine healers (?) were practised by the Egyptians before the year 1552 B. C. It is also known that Francis I., of France, and other French kings up to Charles X., practiced the art of healing by the imposition of hands. Another system was presented at the end of the middle ages, which developed out of the doctrine of the influence the moon and stars had upon men, which is well known to be practised by astrologers at the present day.

In the beginning of the eighteenth century, we find Santanelli in Italy, recognizing the great influence of imagination and advancing the theory that every thing material possesses a radiating atmosphere which operates magnetically. Although the foundation of "animal magnetism" was thus laid, universal attention was first drawn to it by Mesmer (from whom the name mesmerism developed), a Viennese doctor (1734-1815). Mesmer used animal magnetism in the treatment of diseases. He cured, at first, by contact, but believed later that different objects of wood, glass, iron, etc., were capable of receiving the magnetism, consequently he made use of them as a means of conveying his magnetism.

Mesmer made many disciples. His pupils and successors were generally called Mesmerists, and the doctrine of animal magnetism was also called mesmerism, vital magnetism, bio-magnetism. These practices flourished and gained a strong foothold all through Europe.

Mesmerism was introduced in Manchester, England, in 1841, when Dr. Braid, of that city, became interested

in the subject and showed with much method that the phenomena were of a subjective nature. By carefully fixing the eyes upon a given object, it induced a condition of sleep which he called "hypnotism," which was the origin of that term.

A few years later, Dr. Braid came to America and introduced hypnotism in New Orleans, which was its chief center for many years.

In the year 1878 Dr. Charcot, of Paris, France, began his public classes, in which he directed attention to the



CHARCOT'S CLINIC, PARIS, FRANCE.

physical states of hystero-epileptics during hypnosis. Later, hypnotism was introduced by Prof. Bernheim, in the second Medical College of France, at Nancy. This created a contest between the school of Charcot, and that of Nancy, which is not yet entirely settled. The latter, however, has gained ground more and more.

At the present time hypnotism has gained its entrance into the lecture rooms of several universities and medical colleges, both in Europe and America; therefore it must be mentioned that animal magnetism, out of which hypnotism has developed, has retained many adherents

in the scientific world, and today, we can recognize three great schools with many points of transition: First, the school of Charcot; second, the school of Nancy, and third, the school of Mesmerists.

METHOD OF INDUCING HYPNOTISM.

There are several ways of producing the hypnotic condition, but for convenience, I will divide them into only three ways: First, the mesmeric method, which is the system used at most public exhibitions, and I believe the easiest way to induce hypnosis; second, the so-called mental method, and third, the fascination method. It is these methods, used either singly or combined, that Charcot, Bernheim, Ferè, Braid, Regnard, Preyer, Dumont and all others used.

Hypnotists of international reputation are using the mesmeric method. I consider this method the easiest and most practical way of producing hypnosis. The first thing to accomplish, is the concentration of thought in the subject. Require him to sit down; give him a coin or some other article, tell him to look steadfastly at it and not take his eye from it, and think of nothing else except the article you hand him. By watching the subject carefully, you can tell whether or not his mind is upon the object. If you think his mind is not wandering, approach him and suggest that his eyelids are growing heavy, that it is impossible for him to keep his eyes open. Have him close his eyes and make passes from the head to the knees (the mesmeric passes). Now suggest that his eyelids have grown together, and it is impossible for him to open his eyes. Have him try hard (he will try, but in vain). Place his hands upon his knees and tell him that he cannot remove them. He will try, but fail to do so. Keep up the passes and suggest that he is now going to sleep, sound asleep; that his mind is a blank; he can no longer think of anything, but will remain

sound asleep until you tell him to wake up. If your subject is susceptible to the hypnotic influence, he will sit before you in a complete state of hypnosis, and ready for any suggestions you may offer. You may tell him he is a horse, broom, or thrashing machine, and he will believe it and act his part well.

In order that I may give you a clearer idea of the phenonema of this mystic power, I will tell you my first experience as a hypnotist. I was attending a medical convention in Cincinnati, and some of the physicians, with whom I was stopping, requested me to join them in a theatre party, to attend a performance given by a lady hypnotist. I consented to do so, and watched her perform very attentively. She used the same method as described above. On arriving at our hotel, after the performance, we entered into a discussion regarding hypnotism, and I stated that I believed that if that lady could produce the hypnotic condition, I could, for I could see nothing supernatural about her, and I really had more confidence in my own ability than in hers. This self-confidence and positiveness, I afterwards learned, is one of the chief requisites for a successful hypnotist. To be brief, the physicians present volunteered to supply me with the subjects if I would hypnotize them. This was agreed to, and they presented me with three persons, two ladies and a young man. I seated them and handed each a coin, requesting them to concentrate their thoughts on that one thing and to think of nothing else. They took the matter seriously and followed my instructions. Presently, I approached one of the ladies and told her that her eyes were getting tired and advised her to close them. I then commenced to make passes from her head to her knees. I suggested that her eyelids had grown fast and she could not open them. I told her to try hard, and she did, but in vain. She was perfectly conscious, but could not get her eyes open. I then assured her that she had grown fast to the chair and could not get up. She tried, but failed. I then told her that I was going to give her a magnetic treatment, and make a few passes over her body and she would go fast

asleep. I commenced to make the passes and at the same time to suggest "You are going to sleep now, fast asleep," etc., and in a few moments she sat before me in as complete a state of hypnosis as one would wish for. You may imagine my surprise. To tell the truth, I was somewhat confused, for I had never studied hypnotism, and did not know the first principle of it; in fact, I did not know whether or not I could awaken her, but I slapped my hands loudly in front of her face, and said "Wide awake," and she immediately opened her eyes and smiled, which was, I assure you, a great relief to me.

I next tried the young man. I could place him in a condition in which he could not open his eyes, but could go no farther.

The other young lady I could do nothing with.

I cite this experience to show you how simple the subject is, and when you make your first efforts in that line, you will, no doubt, be as much surprised at your success as I was. I had never read an article on the subject, and knew very little about it, except what I had seen the lady do that evening.

The mental method of inducing hypnosis is the method used at the school of Nancy, and is frequently referred to as the Nancy method. This is the most popular method in use throughout Europe. By its use the subject is thrown into a hypnotic state by arousing in his mind the image of sleep. This is more easily practiced on subjects who have previously been hypnotized. The following is the exact method proposed by Dr. Bernheim, and used at the college in Nancy, France: The person is advised to be seated and close his eyes. Then tell him: "You must try and go to sleep;" "think of nothing, but that you are to go to sleep." Leave him in this condition for a few seconds and then continue: "You are commencing to feel tired and sleepy all over your body;" "your arms and legs feel heavy;" "a feeling of drowsiness is now taking possession of your body;" "your head feels dull;" "your thoughts grow more confused;" "you can no longer resist,

you are now sound asleep;" "you cannot open your eyes;" "your mind is a blank," etc. These mental suggestions are often all that is required to produce a complete state of hypnosis, and it is a very convenient way with some subjects. You can now ask him if he is asleep, and he will answer, "Yes." Ask him if he hears the band playing; he will say "Yes." Tell him to open his eyes, and he will see a beautiful white horse. Place a chair in front of him for a horse. Tell him to get on the horse and take a ride. He will straddle the chair and attempt to ride. You can ask him what he sees while riding through this beautiful forest and he will describe very accurately some scene he has viewed in his life. You now have completely robbed the subject of his will by simply suggesting sleep. He is en rapport with you, and you only.

The fascination method is induced by looking the subject straight in the eyes. After you have done this for some time, take him by the arm and draw him away with you. Still keep your eyes fixed upon each other; then raise your arm and he will do the same; in fact, you can have him imitate any movement or position that you make as long as you keep your eyes fixed upon his, but as soon as you cease to look at him, the charm is broken. This method is demonstrated in lower animals. We have often seen snakes and cats charm birds. For all practical purposes it is used less than the other methods.

THINGS THAT PREVENT AND ENCOURAGE THE PRODUCTION OF HYPNOTISM.

When you are attempting to hypnotize a subject, you must insist that the place shall be kept quiet; disturbing noises of all kinds have a tendency to distract the attention and interfere with the mental condition required to induce the hypnotic state. Have those who are present assume rather a serious mood and avoid all ac-

tions, either by word or gesture that will give any evidence of mistrust. Gain the confidence of those upon whom you operate. Endeavor to have perfect harmony in your presence. This, together with soft, sweet music and quietness, will assist you in establishing the results you desire from your efforts.

HOW TO AWAKEN FROM THE HYPNOTIC STATE.

There are as many ways of awakening a subject from the hypnotic state as there are of putting him into it. Crying out "Wide awake," or "All right," "Open your eyes," and spitting your hands loudly, or snapping your fingers in front of the subject's face is generally all that is required. They will also awaken if left alone, but this will take some time if they are in a deep state of hypnosis. If passes have been made downward, reverse them. You will never have any trouble in bringing your subject out of the hypnotic state.

HYPNOTISM AS A THERAPEUTIC AGENT.

In the foregoing paragraphs you were told how to induce the hypnotic state, and now we wish to know how its influence can be used as a curative agent, but before discussing its various applications, we wish to call your attention to the importance of the way in which you make suggestions.

A hypnotist must always be positive and firm, yet kind and gentle. Your subject must feel that you understand your business, and that you are master of the situation. You should make your suggestions in as concise and impressive a manner as possible. For instance,

do not say, "Try to open your eyes; they are closed fast and it is impossible for you to open them," but say, "Your eyes as closed fast, you cannot open them, try hard."

The first suggestion you give is the first to be received by the subject, that is, in the first sentence, you told him to open his eyes, which he might do before you finish the balance of your suggestion. In the latter sentence you told him that his eyes were closed. This he receives and his efforts to open his eyes will fail.

There are a great many ways in which hypnotism can be applied to good advantage. It can produce either local or complete anæsthesia. Under its influence, Jules Cloquet removed a breast, and Dr. Loysel amputated a leg painlessly in the year 1845. Its influence is also used at the present time by hundreds of physicians in America and Europe in the treatment of certain diseases and in minor surgery. Teeth have been extracted, small tumors removed, the pain of neuralgia relieved, and it is applied to good advantage in various diseased conditions, which I will illustrate in the following cases:

Case 1—Mr. H., aged 23, applied to me to have an upper molar tooth extracted, and requested me to hypnotize him for the operation, as he was prejudiced against the use of local anæsthetics. I directed him to be seated; I had hypnotized him before and it was very easy to place him in a state of hypnosis, which I did. I told him, "I wish to extract a tooth for you which will be done without pain. You must open your mouth wide," which he did without any hesitation. I then added, "Your mouth is now wide open, and it will be impossible for you to close it." I took this precaution to prevent his closing his jaws upon my fingers or the instruments. I now placed my thumb and finger on each side of the tooth and made heavy pressure, and said, "This tooth is perfectly dead now. The nerve has been killed and there will be no pain." I now loosened the gums from the alveolar process and removed the tooth. The patient still sat in the chair with his mouth open and face motionless. I now told him, "The tooth is out,

close your mouth and spit out the blood." He did as I suggested, after which I slapped my hands in front of his face and added, "All right, wake up." He opened his eyes and said, "Did you get it, doctor?" He seemed surprised to find his mouth full of blood.

This is the usual method of producing all forms of local anæsthesia through hypnotism. If I were to remove a small tumor, I would carry out nearly the same method of suggestion, and stroke the part to be removed before operating upon it, and never forget to suggest that it will be done without pain.

SIMPLE SUGGESTION.

I do not wish to associate hypnotism with Christian science, but their modern operations are very much alike at times. Their principal therapeutic agent is suggestion, which will be illustrated in the following case:

In the early days of my medical career, I was treating a patient who had a fever. Her temperature was $104\frac{1}{2}$. She was delirious and I had much difficulty in getting her to sleep. Various remedies were used, but with little effect. I invited an older brother practitioner to visit the case with me. On entering the room, we found that she had had very little sleep in the last twenty-four hours, and was very nervous. The doctor was a kindly magnetic old soul, and after discussing the case briefly, he sat down beside the patient and gently stroked her forehead, and said, "I guess you can go to sleep now. Try hard. Think you are going to sleep and you will sleep." He continued stroking her head for a few minutes and she fell into a beautiful sleep, which lasted four and one-half hours, and awakened feeling much refreshed.

This patient was not hypnotized, but she took the suggestion favorably. This demonstrates what simple

suggestion will often do as a restorative agent if properly applied.

It is by this simple method of suggestive therapeutics, that the modern Christian scientists, faith cures, and divine healers, have claimed to achieve their great success, and, although its field of usefulness is limited, it is worthy of consideration in many cases, and can often be applied in the general practice of medicine. It might be well for me to add, however, that if I had told the good old doctor he was practicing hypnotism or Christian science in that case, he would have ceased to be my friend, for he was very skeptical on such subjects.

The following case is reported by Dr. Bernheim, and will illustrate the way hypnotism is applied at the school of Nancy, and the power it has over muscular rheumatism. The doctor says: "A child was brought to me with a pain like muscular rheumatism in the right arm, which dated back four or five days. The arm was painful to pressure; the child could not lift it to its head. I said to him, 'Shut your eyes and go to sleep.' I held his eyelids closed and went on talking to him, 'You are asleep and you will keep on sleeping until I wake you up. You are sleeping very well, as if you were in bed. You are perfectly well and comfortable. Your arms and legs and whole body are asleep, and you cannot move.' I took my fingers off his eyelids and they remained closed. I put his arms up and they remained so. Then touching the painful arm, I said: 'The pain has gone away; you will have no more pain; it will not come back any more.' In order to increase the force of suggestion by embodying it, so to speak, in a material sensation, I suggested a feeling of warmth. The heat took the place of pain. I said to the child, 'You feel that your arm is warm; the warmth increases and you have no pain.' I awakened the child in a few minutes; he remembered nothing. The sleep had been profound. The pain had almost completely disappeared. The child lifted the arm easily to his head. I saw the father on the day following, and he told me that the pain had disappeared completely, and that there was no return of it."

The above case is interesting, for it illustrates the way in which painful disorders of every description will often yield like magic to the influence of hypnotism. Toothache, neuralgia, dysmenorrhea, headache and other affections of a nervous origin, may often be cured by placing the patient in a hypnotic state and stroking the parts, and suggesting that the pain has left, never to return. There are thousands of victims of the alcohol and drug habits that have been cured by hypnotism, while the great Charcot and his followers have used it with wonderful success in all diseases of the mind and the nervous system.

In conclusion, I will say that wherever hypnotism can be applied, it has a large field of usefulness. It is simple in practice and deep in theory. As yet no entirely satisfactory explanation has been made why this phenomenon exists, but we know that it does exist, beyond a doubt, and today hypnotism holds a respected place in the scientific world. But its nature, like the nature of most other mental phenomena, is not understood, and to the medical practitioner who is wedded to drugs, a statement of the results obtained from the hypnotic influences may seem like the miracles of some ancient Oriental work.

I do not wish it understood as my belief that hypnotism will ever be the universal curative agent, the panacea for all ills, or that it will ever supplant the use of cocaine, chloroform, ether or gas as an anæsthetic for surgical purposes. My experience with hypnotism has been very limited, but I must confess that it has been rather satisfactory.

It is practical when it can be used, but on the other hand, it is impractical when we stop to consider that only about one in three can be hypnotized, and a smaller percentage cured by its use. I really believe that hypnotism has a bright future, and if this chapter has succeeded in merely throwing a small ray of light upon the subject and robbing it of its mysteries, I will feel that I have not wasted my efforts.

HALL'S HYGIENIC TREATMENT.

Several years ago Dr. Wilford Hall attempted to startle the medical world by announcing he had made a wonderful discovery of a treatment which would cure almost every known form of disease, as well as preserve health and prolong life, without the use of medicine.

The pamphlet which unfolds the secrets of this new discovery he sold for \$4.00, the purchaser agreeing by "pledge of honor" not to divulge the treatment outside of his or her family. Physicians were allowed, in addition, the right of using the treatment on their patients. His theory was this:

"Disease depends upon the absorption of poisonous materials from the colon and rectum. Wash this out thoroughly with hot water once or twice a day and disease is robbed of its power, death of its terror and the doctor of his occupation. Use a large quantity of water, one or two gallons; retain it as long as possible and that which is not absorbed can finally be expelled, taking with it accumulations which have a tendency to create diseases." He claims this to be a sure cure for consumption and Bright's disease, while all minor ailments vanish like mist before the sun.

Although this method of flushing the colon has been severely criticised by some publications, it is the author's opinion that it is not entirely destitute of merit, and in well-selected cases much good can be derived from its application.

I have used the "system" several times with marked success and quite agree with Dr. J. H. Etheridge, of Chi-

cago; who has reported several cases in the *Medical Standard*, which I believe will be of sufficient interest to quote in full. The doctor said:

"Flushing the colon is a very simple and a very effective remedy. The muscular coats of the intestines are circular and longitudinal. In the large intestine the longitudinal fibres are proportionately longer than in the small intestine. Their greater length permits the formation of loculi, which become the seat of fecal accumulations only too often unnoticed by the physician. It is undoubtedly a fact that the loculi of the colon contains small fecal accumulations extending over weeks, months or even years. Their presence produces symptoms varying all the way from a little catarrhal irritation up to the most diverse, and in some instances serious reflex disturbances. When the loculi only are filled, the main channel of the colon is undisturbed. Occasionally a loculus will become greatly enlarged and filled with feces, reaching even to the size of a fetal head, being mistaken for an ovarian tumor or a malignant growth of some abdominal organ. The most common part of the colon to become enlarged is the sigmoid flexure and the ceacum. Accumulations can occur in any part of the colon. The ascending colon is much more often filled in life than the books would lead us to believe; indeed, it may be said that chronic accumulations are oftener to be found in the ascending than the descending colon, which is also contrary to the assertions of the authors. When the accumulations are large, the increased weight of the colon tends to displace it; then the transverse colon may descend even into the pelvis. The colon may be filled in an adult so as to present a circumference of fifteen inches. These accumulations vary in density; they may be so hard as to resist the knife, and thus be mistaken for gall stones.

"The mass may be so enormous as to press upon any organ located in the abdomen, interfering with its functions; thus we may have pressure on the liver that arrests the flow of bile, or upon the urinary organs, crippling their functions. Reported cases of accumulations almost

surpass human credulity. Enough has been gathered from the colon and rectum to fill a common-sized pail. Of course such enormous amounts occur only exceptionally; it is not to these that attention is particularly drawn in this paper, because where they are so excessive, any physician can detect them by palpation. It is to the minor accumulations particularly that I wish to draw attention—the accumulations that we see in the majority of patients who visit our offices. Such patients assure us that the bowels move daily; but the color of their complexion, the condition of their tongue, and, above all, the color of the feces, are enough to assure us that they are the victims of costiveness.

“Daily movements of the bowels are no sort of a sign that the colon is not impacted; in fact, the worst cases of costiveness that we ever see are those in which daily movements of the bowels occur. The diagnosis of fecal accumulations is facilitated by inquiring as to the color of the daily discharges. A black or a very dark green color almost always indicates that the feces are ancient. Prompt discharge of food refuse is indicated by more or less yellow color. It would be interesting to inquire why fresh feces are yellow and ancient feces are dark.

“Absorption of the feces from the colon lead to a great many different symptoms; amongst others anaemia, with its results, sallow or yellow complexion, with its chloæsmic spots, furred tongue, foul breath, and muddy sclerotics. Such patients have digestive fermentations to torment them, resulting in flatulent distension which encroaches on the cavity of the chest, which in excessive cases may cause short and rapid breathing, irregular heart action, disturbed circulation in the brain, with vertigo and headache. An over-distended cæcum or sigmoid flexure, from pressure, may produce dropsy, numbness or cramps in the right or left lower extremity. A physical examination that will determine this impaction is simplicity itself. By placing the patient on the back, with the knees well drawn up, the physician can place one hand on the abdomen, below the tenth or

eleventh cartilage, with the fingers of the other in the posterior hypochondriac region. The ascending or descending colon can easily be pressed forward against the hand in front of the abdomen. The hand in front should be kept firm and immovable. A little practice will enable one to very readily distinguish these accumulations. Conjoined manipulation only enables one to decide the incontestable presence of impaction of the colon. Percussion sounds may be so obfuscated by adventitious circumstances as to render them valueless. Conjoined manipulation can be very quickly practiced, and is the most satisfactory method of examination. Its only uncertainty of detecting accumulations is in very obese patients. In them a flushing will dispel doubts.

Case I.—Miss O., aged 27, has almost continuous, universal cephalalgia; pain over the angle of the transverse and descending colon, anorexia, functional eye disturbances, coming on suddenly and often in the day, frequent dizzy blind spells, vague muscular pain in the arms, face yellow, is green around the mouth and nose, a greenish yellow all over the head and neck. On the 21st of May, 1886, first flushing, five pints of water being used; discharges enormous. The appetite at once appeared; her spirits immediately improved. Daily flushings until the 7th day of July. Face almost clear; color coming to her cheeks; lips red, digestion perfect, and her general health totally changed for the better.

“Case II.—Mrs. G., aged 32, has very yellow cheeks, both covered with chloasmic spots, which extend down to the neck; is costive. Conjoined palpation indicates both ascending and descending colon filled. Is losing strength; is anaemic, emaciating. Her husband's poverty is causing the most distressing anticipations, and her mental suffering almost drives her insane. A daily flushing was ordered on the 10th of August, 1887, and continued until November 2d. After that they were taken every other day. On the 25th of February, 1888, she reported that the flushing had completely revolutionized her health; they had made her feel light and strong; they relieved the pressure in the abdomen; their presence

caused eructations always. Sleeps better after taking one. In fact, if she finds that insomnia be upon her, she takes a flushing, and is sure to sleep soundly thereafter. Eating when fatigued will be followed by great tympanites, which a flushing is sure to relieve. Formerly had great acidity of the stomach; now she never has it. Formerly she used to have a headache, with vomiting and prostration, lasting thirty-six hours every two or three weeks, since August she has not had one. Urinates very freely after using flushing, which lightens her very much.

"Case III.—Mrs. R., age 29, has had chronic digestive disturbances; a poor breakfaster for years; has gastric dyspepsia characterized by pain, load, weight, gas, acid and bitter pyrosis; could eat but few things, butter especially distressing her; constipated and costive since girlhood; for years had a sense of pressure in the rectum; at times of late has had it all the time. Flushing first given the 17th of May, 1887, twice per week, at bed time. At first they produced pain and nausea, and once vomiting followed. These adverse symptoms were relieved when the water passed. The discharges from her bowels were simply enormous. They were continued until she passed yellow feces. On the 28th of June she was eating everything. She became a good breakfaster. On the 1st of August she was doing all her own housework, the first time in three years.

"Case IV.—Miss C., age 30, always constipated, very muddy complexion, chloasmic spots all over her face, capricious appetite, seeks relief for a progressively increasing nervousness, which has been upon her the past three years, and is very much worse in the past six months, and threatens to lead her to a suicide's grave. She experiences sudden misgivings; she has nervous prostration; colon filled to an enormous extent. Flushing was used and continued daily for a period of one month, when she reported that she was better in every way; does not give out any more; is stronger in all things; her complexion is clearing out; the chloasmic spots are unchanged; the appetite decidedly vigorous. In

this case the fecal reliefs were enormous, and the improvement so rapid that there was no question of their being cause and effect.

"Case V.—Mrs. A., age 34, has been having epileptic convulsions since April, 1883, two years subsequent to her only confinement. Immediately after her confinement, in February, 1881, she began to experience nervous symptoms, such as numbness, twitching of the left side of her body; these increased until convulsions began, in April, 1883. From that time until the 1st of May, 1887, she was under the care of various European and American physicians. She had had the cervix and perineum closed by operation; she had had almost endless medication; had used hydropathy; but still the convulsions continued. Careful examination revealed a loaded colon, universal congestion of the pelvic organs, and renal insufficiency. It was evident that convulsions arose from some trouble upon the left side of her pelvis, which in a normal state would not produce convulsions, as subsequent events showed, but in a congested condition was sure to precipitate convulsions. This was shown by the fact that the convulsions were preceded by an intense agitation of the muscles of the left lower extremity, which became more and more uncontrollable until the convulsions developed a pain in the left leg, and could be produced by a pressure on the left side of the pelvis. Treatment for left-sided sciatica with ether and ice was given immediately after confinement. Pain through the pelvis from over-exertion, or from too much standing, would be produced in the left leg just the same as would be produced by digital pressure. There never was a convulsion that was not preceded by this disturbance of the left side. Matters clearly pointed to the pelvis for treatment for the relief of the convulsions. It was considered that if the pelvic difficulty could be relieved by any means, that possibly the convulsions would be arrested; accordingly, daily flushings of the colon and a diuretic were used; glycerin tampons were also daily used. The amount of relief was very great. For weeks the daily report was that the

flushings came away looking like soap-suds, indicating a probable overplus of bile, which seemed to be confirmed by the fact of stomach indigestion and intestinal fermentations which she had had for years.

"The result of the treatment so improved the patient that in three months after the beginning of the flushings, etc., the convulsions ceased for a period of nineteen months. During that time she again visited Europe, relaxed her vigilance as to the care of her health, returning to America in January of the present year. Her face showed that she was absorbing feces again, and in various ways she indicated that her trouble was returning. Before she left for Europe the pelvic organs were in a condition demanding no further treatment. She was urged to return to her flushings, which she omitted to do, and went straight on her iniquitous course of neglecting herself, and in February, about a month later, she had one of the most terrific convulsions she had ever experienced.

"I believe that the flushings did for this patient what medicine could not do. They thoroughly evacuated her bowels and gave her alimentary canal a chance to absorb food instead of feces. I furthermore consider that the successful treatment of this patient with medicine, without flushings of the colon, will be entirely unsuccessful.

"Case VI.—Miss O., has been having chills daily; has a constant bad taste in the mouth; has vertigo, scalding urine; has eczema extensively on the right hand and fingers. Examination reveals a loaded colon, although her bowels move nearly every day. Ordered daily flushings of the colon, a daily laxative and the potash citrate. In a week the chills ceased entirely, the vertigo had disappeared, the urine was improving. Medicine stopped, and the flushings continued, for a period of six weeks, daily. The surprising thing is that, at the end of six weeks, the hand was entirely well.

"The question comes up—Was not the eczematous condition of the hand a thing permitted to supervene from fecal absorption?

"Case VII.—Mrs. D., aged 29, has psoriasis covering a large portion of her body. She has as much unsound as sound skin, has had it more or less since the eighth year of her age. She is gouty, has gastric indigestion, headaches every two or three weeks, which always wind up with vomiting. After giving her medicines for a period of seven months without much benefit, I discovered an impacted condition of her colon. The effect of the flushings seemed to be to relieve her of all dyspeptic troubles, relieved her headaches entirely, and at the end of three months of using flushings, the psoriasis had almost entirely disappeared. The last time she was seen a few spots of it remained on the abdomen and forearms.

"The question arises, did the prevention of fecal absorption relieve a skin disease?

"Case VIII.—Mrs. W., age 30, has had headaches for years anywhere from once a month to once in four or five days, which prostrated her, lasting from six to twenty-four hours. She always had been constipated, and strange to say, about the only thing that ailed her was headache. Her colon was found loaded.

"Flushings ordered for a period of three months, without medicines. The headaches were completely and permanently relieved; her complexion, which had always been muddy, cleared up greatly, sending out in bolder relief the chloasmic spots which decorated her forehead and temples.

"I have often questioned whether chloasmic spots were not due to fecal absorption. These spots are pigmentary matter deposited under the skin. It is a physiological fact that all pigments originate in the liver. In a condition of health their abnormal deposit we never see. It is only when the patient is not well in some way, that these spots are noticed. They are infinitely more common in women than in men. It is easy to see that their sedentary life is more apt to lead in them to the filling of the colon. Absorption from the colon produces a poisoned blood, which in turn deranges every organ of the body, among others the liver. It is possible that the action of light, as in photographs, contributes in some

way to precipitate the deposits of these chloasmic spots, because we see them chiefly upon the parts of the body exposed to light.

"The use of a long rectal tube is unnecessary. The patient should be placed in a genupectoral position, the shoulders thus being lower than the hips. The water will be made to descend while anatomically ascending the intestines. Patients can be made to receive from one to six pints of water in this position without the slightest trouble. One of the effects of the water is to distend the colon, and in that way pressing away the walls of the loculi from the accumulations they fall into the current of water, and are passed out while the water is leaving the intestine. The patient will oftentimes complain of severe tormina; checking the current of water for a few seconds, and will be followed by complete relief. The presence of such a strange foreign body in the intestine as hot water in many cases excites prodigious peristaltic activity, thus producing the tormina. Plain hot water is all that is necessary to use. The water should be hot; cold or tepid water will not do. It will produce great suffering. One patient took the flushings for a fortnight, returning vowed she never would use any more because they produced such terrific cramps. Upon inquiry it was found that she was using tepid water. The subsequent use of hot water by her was never followed by a cramp. Upon many patients this large amount of water acts as a vigorous diuretic. Where patients suffer as well from renal insufficiency, I am in the habit of telling them to use a pint or a pint and a half of hot water after the flushing has passed away, and to lie upon the back with hips elevated for half an hour. Thus retaining the water it will act as a powerful diuretic. Some patients can administer this flushing with the greatest ease, while others will develop a most phenomenal awkwardness. I am in the habit of telling patients to kneel in the bath tub, who are at all awkward about using these flushings."

THE TAPE-WORM SPECIALIST.

These gentlemen are, as a rule, not graduates of medicine, and often prefix the title "professor" instead of doctor to their names. They are either permanently located in cities or travel through the country, lecturing on worms, from a buggy on the street corners of small towns, where they display large bottles of the different specimens of worms, which they claim to have removed.

They cure all kinds of worms and, by their persuasive oratory, make a large portion of their audiences believe that they have worms whether they have or not. The fact that physicians often overlook the symptoms of worms, gives them an opportunity to sway their audience by their convincing arguments.

The treatment of tape-worms is very simple and specific. The best remedy, without a doubt, is the tannate of pelletierine. This is best administered in the form of Tanrat's solution of pelletierine, which is sold in bottles containing one adult dose, for two dollars each. I have used this in several cases without a single failure. I regret that I cannot give the formula of this preparation, but it is a preparation like many others used by physicians, of which the manufacturers hold the vehicle a secret, and charge many times the price it is worth.

If a physician wished to prepare a similar preparation, from crude drugs, the following formula comes from high authority, and is said to be used with equal success:

℞	Granati	2 oz.
	Pepinis	1 oz.
	Aspidii oleoresin.....	½ dr.

Aqua acacia and syrup.....q. s. ad. 9 oz.

The granati should be mixed with a pint and a half of water and boiled down to seven ounces. The pepinis should be deprived of their outer coats and beaten to a paste with fine powdered sugar. The aspidii should now be made into a emulsion with acacia and the decoction of granati, then added to the paste of pepinis and add sufficient flavored syrup to bring the mixture up to nine ounces.

One-third of this mixture should be taken in the morning after a light diet and laxative the previous day. If the first dose is not successful, the second and third portions can be taken at intervals of every three hours. When the worm comes away the patient should be sitting on a vessel partly filled with warm water to prevent the weight of the expelled portion tearing off the head. The patient should be instructed never to attempt to pull on the worm, for he will always break it and the treatment will have to be repeated.

Another way is to cover a vessel with a piece of mosquito netting so that the cloth bags somewhat into the vessel. The fæces will readily pass through and leave the worm on top, where it can be easily examined.

In the larger cities we find German specialists who have established a reputation among their countrymen for removing tape-worms. They are usually successful and their method is worthy of mention. Their procedure is as follows: The patient is requested to omit two meals and during that time a brisk saline cathartic is given until the bowels are emptied, after which, they are given a teaspoonful of the ethereal oil of male-fern (Merck) in a teaspoonful of warm milk. The patient can now lie down and suck a lemon. If the dose nauseates him at the end of two or three hours, the patient is given an ounce of castor oil with ten drops of oil of turpentine and one drop of Choton oil. After a short interval the bowels will move copiously and the worm be expelled. As soon as the worm is expelled it should be examined to ascertain if the head is present.

PASTEUR'S METHOD

FOR

TREATING HYDROPHOBIA.

One of the most successful of the toxin treatments is Pasteur's treatment for rabies. From the years 1886 to 1893 inclusive there were 14,430 cases treated at the Pasteur Institute in Paris, with only 72 deaths. This leaves a mortality of one-half of one per cent. The institute in New York treated 424 cases with but two deaths.

As yet there has never been a microbe discovered which is associated with rabies, yet proof is abundant that the disease is due to a micro-organism. Pasteur found the virus most abundant in the spinal cord of the rabid animal and showed that its inoculation upon a healthy animal will produce the characteristic symptoms of the disease, also that the virus may be attenuated in virulence by drying the spinal cord containing it.

He also found by inoculating on each successive day the virus from a cord dried during a shorter period than that used on the previous day the animal so treated may be gradually made almost certainly secure against rabies, either from the bite of a rabid animal or from any method of subcutaneous inoculation. Upon these facts he founded the preventative treatment of this disease, commenced by him in Paris in 1885, which consists in the daily inoculation of the bitten person with emulsions of gradually increasing virulence, made from the dried spinal cord of rabbits that have died from rabies. By this procedure chemical substances (toxins)

produced during the life of some specific organism and known to be inhibitory of its growth, are introduced into the system of the patient (V. Horsley).

Dr. Horwitz gives the following as his mode of conducting the treatment of a case of hydrophobia.

The substance used for inoculation is perfectly pure veal broth, free from microbes, in which has been dissolved a little of the spinal marrow of a rabid rabbit. The broth is carefully prepared and put into a glass receiver of spherical form with a long neck, hermetically sealed. It is then submitted for half an hour, under pressure, to a heat of 239 degrees F. This boiling is for the purpose of destroying all germs. When perfectly clear it is decanted in one of Pasteur's receptacles. To obtain the infected marrow, a rabbit is chloroformed and trepanned, the infected broth is injected under the dura mater, then the edges of the wound are stitched together, and the rabbit is left to recover.

After the inoculation, rabies declares itself in the rabbit at the end of six days. Two or three days later the animal dies. The spinal cord is carefully extracted and then hung up in a flask containing caustic potash. It is placed in a room kept at a heat of 68 degrees F. When the infected substance is to be used, a piece about a centimetre in length is cut off and mixed with pure broth. The first day the patient receives half a hypodermic syringeful of broth, with marrow of thirteen days' strength. The following day the patient receives a hypodermic injection of twelve days' strength. Each day the marrow is one day younger, the operation being repeated daily for twelve days.

Rabies may be considered a very rare disease and many old practitioners have never seen a case. It is therefore best for the physician to send the patient who has been bitten by a rabid animal to one of the Pasteur institutes. He should be accompanied by a piece of the medulla oblongata of the rabid animal if possible. This will allow the physicians in charge to determine whether or not the animal was rabid.

THE STAMMERING SPECIALIST.

The treatment of stuttering and stammering does not properly belong to the physician, as they are habits, not diseases, and no medicine will have any effect upon them; but as he is often consulted in regard to these impediments of speech, a statement of the manner of curing them will not be out of place in this work. They differ very slightly, one being an inability to pronounce certain words, the other to give certain sounds, and by persistent effort both are easily overcome. A New York professor, who is a graduate of a German college for the study of the vocal organs, says:

"The whole thing is very simple, so simple that you will smile when I tell you the sole and only cause of stuttering and stammering is careless respiration. People who suffer from the impediment have only to pause, take in a long breath, and then, opening the mouth in the manner laid down in the charts used by elocutionists, pronounce the word sharply. Have you ever noticed the remarkable fact that people who are inveterate stammerers are often accomplished vocalists? That is because in the act of singing respiration is done in a proper way.

"A novel fact is that the troubles of stammerers or stutterers lie entirely with the vowel sounds. Patients do not seem to understand this. In describing their cases they will tell me that they have difficulty in sounding 'p' or 'd.' That is where they are wrong. They sound the consonant all right, but stagger at the vowel. A patient comes to me, and I say to him, 'Say papa.' He will commence, 'P-p-p-p-p, oh, professor, I c-c-c-c-c-c-an't say p-p-p-p-p-papa.'

"It is at once apparent that his trouble lies with the vowel 'a.' Then the treatment commences. Standing before him, I suggest that he take a long breath through the partially closed mouth until the lungs are well filled, and then, at the moment of exhalation, following my direction, he opens the mouth in the proper manner, as indicated by a chart, and pronounces with me in a high, mechanical voice, 'pawpaw.' This is often repeated, the vowels being changed.

"From words we pass on to sentences and so on to introduce in close connection all the vowel sounds. The respiration before each vowel sound is necessary. The treatment therefore consists in forming this habit. As the patient pupil progresses, the length of this respiration is reduced, the pronunciation is made in a lower pitch and in a few weeks, rarely over five, the most inveterate stammerer can talk fluently and rapidly with no sign of his former affliction. But eternal vigilance is necessary.

"Should the apparently cured patient become careless and forget the necessity of respiration as taught him, he may relapse into his former state, and then his training must be done all over again. A boy of sixteen years of age was brought to me. His was a stubborn case, but in six weeks I had him talking all right. Time passed on for two years. I frequently saw the boy at his father's house and was delighted with the cure. Last summer he came to my institute. He was as badly off as when I first met him.

"It seems that his father had sent him on a short business trip to Europe, away from the restraining influence of the father, whose ears were always alert for any return of his son's affliction, and, much disturbed by the noise of the vessel's machinery, he became careless, and having once relapsed he became worse every day, and was really forced to shorten his stay abroad and return to New York for treatment.

"He was a bright lad, who readily applied himself to my rules, and in a week he was all right again. As a

matter of fact, he need not have come back to me, but could have applied his old lessons with success.

"The German government has long recognized the importance of rational treatment of vocal impediments, and school children afflicted in this manner are put through a regular course by graduates of the college at Frankfort, where this specialty is taught in the government employ. The German treatment is that of elementary training in elocution.

"The habit of imperfect respiration is generally found in connection with some diseases of childhood like the measles, but a most frequent cause is unconscious imitation. One stuttering child in a family will set all the others to struggling with the vowel sound. An adult in conversation with a stuttering person finds it difficult to speak without stammering."

In this city there is an institute for the cure of stammering and stuttering, and I have an acquaintance who took the course and was at the institute for about three weeks. Through this gentleman I received the following information, although the professor is very careful to keep his methods a secret, and I believe each student is required to sign an agreement not to teach or expose his methods.

A synopsis of the treatment is as follows: The first day or so the student is "put in silence," that is, he is not allowed to speak a word to anyone. After this, he is taught to pronounce each word in syllables and at the same time mark each syllable by waving his fingers in very much the same way as a director of a band or orchestra marks the time of music. To illustrate, have the person take a full breath and repeat the following sentence and words: "Breathes-there-a-man-with-soul-so-dead, who-nev-er-to-him-self-hath-said, this-is-my-own-my-nat-ive-land. Con-stanti-nople; Phil-a-delphi-a." You will see that each syllable should be pronounced separately and each word and each syllable marked by a right angular wave of the finger or hand, the same as a musician marks time. As the pupil progresses,

he can combine the syllables of words and pronounce them as one.

This is what he called "the method," and it is surprising to notice how well many extreme stammerers can speak after following this method for a few days. The method was, no doubt, founded upon the knowledge that stutterers could sing with as free flow of words as others, and by using this method, he is practically singing his conversation without any tune. He gradually overcomes the sing-song conversation and talks as freely as others. In connection with the method the student is given exercises in breathing and pronouncing different vowels, reading sentences, etc.

This is a very simple method and I believe one of the best, for it will cure a large percentage of cases, if patients will be persevering and persistent.

"Glorious their aim to ease the laboring heart,
To war with Death and stop his flying dart.
To trace the source whence the fierce contest grew
And life's short lease on easier terms renew,
To calm the frenzy of the burning brain
To heal the tortures of imploring pain ;
Or, when more powerful ills all efforts brave
To cure the victim no device can save
The yet may smooth the stormy passage to the grave.

SECRET PRESCRIPTION WRITING.

Very often we find physicians who wish to have their prescriptions filled at a certain drug store, either because they think they have better drugs or else because they receive a percentage on prescriptions or perhaps they have an interest in the store. This has caused different secret systems of prescription writing to be introduced. The following very simple method has been used in some places and is a very convenient way to write prescriptions.

By the use of this system all medical ingredients are divided into grains, minims, and drachms. If the drug is a solid, it is designated either as grains or drachms, if a liquid, either minims or drachms. Grains and minims are distinguished from drachms by the position of the period. If the period appears at the right of the number, it either means grains or minims (i. one grain or minim); if at the left of the number, it signifies drachms (i one drachm). To illustrate, the following prescription will give the symbols of both ways of writing the same prescription:

R Strychnine nitrate..... $\frac{1}{2}$. equals $\frac{1}{2}$ gr.
Tinct. capsicum..... 20. equals 20 min.
F. E. cinchona com..... .6 equals 6 dr.
Simple elixir..... q. s. ad. 32 equals 4 oz.

M. Sig. A teaspoonful every hour as a "bracer" for debauch.

For writing prescriptions in this way you should have special printed prescription blanks directing the patient to the pharmacy where it is to be filled or tell the patient that he can get it filled only at that certain store.

To the pharmacist who is not familiar with this way of writing prescriptions it is rather puzzling and some will refuse to fill the prescriptions altogether, while others will attempt to guess it out, which might act to the disadvantage of the prescriber.

THE NOSTRUM SPECIALIST.

Nostrum venders should not be classed under the title of specialists, but most nostrums have a specialist at their helm, who is exercising great energy for the sale of his preparations. The amount of money spent in advertising the so-called patent medicines will reach into the millions every year, and the methods of advertisers has created quite a rivalry, and we often see one attack another through printer's ink.

There has been hundreds and hundreds of nostrums offered for sale, and while many of them have only become popular in certain localities, others have gained a national or international reputation, depending somewhat upon the amount of money, energy and cleverness displayed in advertising them. It is the author's belief that any preparation with a reasonable degree of merit can be sold if it is placed before the public in the right light, and the amount of popularity gained will depend altogether upon the "man behind the gun." To illustrate the great and small, I will give some instances which have come to my notice.

ESTABLISHING THE SALE OF NOSTRUMS IN SMALL COMMUNITIES.

Several years ago I had a friend who was conducting a drug store in a small city. One day we entered into a discussion regarding the profit made in patent medicines. I argued that any meritorious preparation could be manufactured at about one-third the cost of nostrums and would find a ready sale, if the same amount of money was expended in advertising; he decided to test the project and made up a quantity of King's Consumption

Cure, after the formula given on another page. The preparation was identical with King's Consumption Cure, except that he added more caramel to give it a deeper color. This was cartooned and labeled nicely and placed upon the market under the name of Halwood's Cough Cure. By keeping his advertisement persistently before the public, he has created a great demand for the preparation, which to-day is bringing him a greater profit than all the rest of his drug business. Although the preparation is only known in one county, there is no doubt that if he would exercise more energy and use more capital, he would create a demand for the preparation throughout the state, or perhaps the United States, and it would gain the same popularity as the original; but he is contented with his lot. One county satisfied his ambition. This is given to show how the sale of a nostrum can be limited or expanded according to the ambition of the proprietor.

There are several other ways in which patent medicines have been brought before the public. Most of the Indian remedies have been introduced through Indian medicine companies, who travel from town to town; pitch their tents on some public thoroughfare and give an Indian show. The presiding professor tells the story of the skill the Indians possess in selecting remedies for the sick and suffering (?). The *New Idea* gives the following regarding a company that visited this city a few years ago for the introduction and sale of

HARTLEY'S SOUTH AMERICA CURE.

"During the summer of the present year a man calling himself Prof. Hartley occupied a vacant lot in Detroit, with a large tent, lighted by electric light, wherein he had immense audiences every evening during his stay, which lasted some two months. The professor gave a short lecture upon a South America cure, which he stated to be composed of roots, herbs, seeds, barks, and flowers growing exclusively in South America, and used for centuries by the Araucanians, a tribe of people who

inhabit the western slope of the Andes, in the southern part of Chili. During his lecture the professor managed to give the audience to understand that this wonderful medicine performed more cures of indigestion, dyspepsia, catarrh, rheumatism, liver complaints, and kidney diseases, than any other medicine on the face of the earth. Being curious to know something more concerning the internal constitution of this South America Cure, we purchased a bottle, and subjected it to an analysis, according to which we find that it consists of fluid extract of rhubarb, 8 parts; fluid licorice and anise, each 2 parts; fluid capsicum, $\frac{1}{3}$ part; fluid aloes, $\frac{1}{6}$ part; alcohol, 6 parts; water enough to make 32 parts, to which a small percentage of sodium bicarbonate is added, about ten grains to the ounce. How is this for a South American cure, which country does not furnish to commerce one ingredient in the nostrum? It is asserted that nearly 60,000 bottles were sold in Detroit in a few weeks that this so-called professor held forth."

Other medicine firms depend exclusively upon newspapers, circulars, and sampling, free prescriptions, etc. The following will give you an idea of the way the free prescription fake schemes are worked:

DR. CHURCHILL'S PRESCRIPTIONS.

The "Churchill Prescriptions" are still being sent out "free." As this particular form of the "sands of life" kind of philanthropy will be new to some readers, we will copy literally, as a sample, one of the prescriptions, which is for "nervous debility," etc.:

R Pareira brava.....	$\frac{1}{4}$ oz.
Hydrastis C.....	$\frac{1}{2}$ oz.
Peruvian bark calisaya.....	$\frac{1}{2}$ oz.
Bromide potassium.....	$\frac{1}{2}$ oz.
Carbonate lithia.....	1 dr.

The "mode of preparing" is given as follows:

"Put one-quarter ounce pareira brava to one ounce of boiling water; let it stand for two hours; then add of finely powdered hydrastis C, one ounce; mix well and

reduce to the consistency of syrup by evaporation. Put one ounce Peruvian bark calisaya to two ounces of boiling water; let it boil five minutes; then filter and add one and one-half ounces bromide potassium. Wash two drachms in the salts of carbonate lithia in proper vessels, and add all the ingredients together, and heat on a slow fire in a close covered vessel to 100 degrees specific gravity; remove it to a mortar, pulverize well, and triturate. Divide the whole mixture into fifteen powders."

The reader is warned in the customary fashion against "unprincipled druggists" who undertake to prepare the "prescriptions" as "best they can," and is invited to send to the advertiser for the "remedies."

The difference between these prescriptions and the "Blodgetti" and "Arabian sea-grass" operations is, that the former direct nothing but medicines that really exist, but cannot be "compounded" according to the absurd directions, which appear very learned to the average reader.

The only course left open to a conscientious pharmacist who is asked to prepare such a prescription, is to inform the customer of its exact nature, and to "back up" his statements by the *Circular*, in which he will find all such schemes explained as they arise. As people seem to take more kindly to what they see in print than to what is told them by a familiar acquaintance, this plan has been found to work well; the pharmacist sustaining his reputation for knowledge and ability.

CORRASSA COMPOUND.

Another free recipe for the permanent cure of spermatorrhoea, seminal weakness, involuntary emissions, impotence, etc.:

℞	Extract of corrassa apimis.....	8 dr.
	Extract of salarmo umbellifera.....	4 dr.
	Powdered alkermes latifolia.....	3 dr.
	Extract of carsadoc herbalis.....	6 dr.

Mix well together in a mortar, then put the mixture in a box and keep it covered, or wrap it in paper and

cover with tinfoil to exclude the air. For a dose, take about one-half a tea-spoonful of the mixture, and moisten it with a little cold water in a glass or cup, then add about two table-spoonfuls of cold water, or just enough to enable you to take it down easily. Take the medicine at night before going to bed, and in the morning before eating. If you wish to sweeten it you may add as much sugar or syrup to each dose as may suit your taste.

REMARKS.

The above named herbs, so remarkable for their healing qualities, are found in the great valleys of the Amazon and through most of the valleys of the South American mountains. Their wonderful medicinal properties are known to the Indian medicine men, and also to some of the learned missionaries from Europe, who reside in South America.

This particular combination of remedies is called the Corrassa Compound, taking its name from the first of the four medicines which compose the recipe when it is ready for use.

The Corrassa Compound acts particularly on the membranes which line the urinary and genital organs, allaying irritation, curing the unhealthy discharges, and imparting a healthy tone to the nerves and tissues which compose these parts. Its tonic properties give strength to the weak and incompetent, while its soothing properties keep down over-excitement of the sexual organs. In gonorrhoea or gleet this medicine cures almost like magic. It is also highly beneficial for females who suffer from leucorrhoea or whites.

This remedy from South America (the land of medicines) is entirely a product of the vegetable world. No deleterious ingredients enter into its composition; no injury to the constitution can possibly occur from its use, and no other remedy will so effectually eradicate mercury and other mineral poisons from the body. On the human system it acts like a charm. It improves the digestion, purifies the blood, gives tone to the nerves, prevents the tendency to consumption, imparts to the

skin a fresh bloom, and gives to the countenance an animated and brilliant expression. The good effects of this medicine in my own case you will find related in the following circular, which you will please read. (Extract from accompanying circular.)

Following this the Rev. Jos. T. Inman tells a plaintive story of how he suffered from the effects of his youthful indiscretions; how he tried all the best physicians in America and Europe; how at last his friends managed to transport him in the good ship Reindeer, R. I. Marsh, captain, to Para, South America, to spend his last hours as a missionary among the heathen. While there he devoted his "spare time to the study of medicinal plants," and while doing so, "first learned the virtues of the Carrassa Compound," and also made the acquaintance of a "learned and venerable physician named Ferandez Colina, a native of Spain, who had studied in Paris, and had traveled extensively through South America."

All of this is intended to frighten and obtain money from the hoped-for victim. No such drugs as are given above being in existence, the dupe is expected to purchase them from the "Reverend" Inman.

This wonderful (?) preparation having been analyzed by Dr. A. B. Lyons, of Detroit, was found to consist of:

R	Gentian	15 per cent.
	Licorice	15 per cent.
	Sugar	50 per cent.
	Sodium bicarb.....	17½ per cent.
	Cochineal	2½ per cent.
	All in fine powder. —(New Idea.)	

THE RAPID METHOD OF CREATING A LARGE DEMAND FOR NOSTRUMS.

One of the most novel and profitable ways of introducing patent medicines was told me by a druggist, who was formerly proprietor of a drug store in northern Michigan, and I think the story will be sufficiently interesting to repeat here, from the fact that the company

is now located in Columbus, Ohio, and is among the largest of patent medicine advertisers, as it spends several hundred thousand dollars every year in advertising. This company had three preparations for which it wished to create a rapid demand, and its method was to send an advance agent to various given points, to contract with some local druggist to place so many gross of each kind of medicine in his store for sale. The druggist was not to pay for the medicines until they were entirely disposed of, when he was expected to pay the regular wholesale price. After making the contract with only one store in each place, the advance agent immediately commenced to circularize the entire population not only of the city, but of the country for many miles around. The circulars conveyed the information that a certain specialist of wonderful skill and ability would visit that city for the purpose of healing the afflicted. The physician was billed as a philanthropist of the highest character, and under no consideration would he accept any remuneration for his services, his skill being absolutely free and at the command of the sick and suffering.

THE SPECIALIST ARRIVED.

As early as six o'clock in the morning the hotel parlors were packed to their fullest capacity. Each patient was handed a card giving instructions how to approach the doctor, a part of the advice being to "ask the doctor no questions, as he can tell your ailments better than you can describe them yourself. Each patient will be allowed only five minutes' consultation," etc. When the patient was admitted to the consultation room he was given a seat and the doctor then proceeded to describe his ailments in very much the same manner outlined in the chapter on the Observing Specialist. The doctor then dictated a prescription to his stenographer, which consisted principally of fictitious names of pharmaceutical products, handed it to the patient and dismissed him.

THE DOCTOR'S UNDERSTANDING WITH THE DRUGGIST.

It was understood between the physician and druggist that any prescription he sent him, containing a sixteen-ounce mixture would be the preparation he left at the store, containing the same amount of medicine (which is supposed to be a mild cinchona tonic). The twelve and fourteen-ounce mixtures were also identified in the same way. The physician did not always confine his prescribing to the stereotyped preparations at the store, but often added a little nux vomica or other medicines he thought the patient required. The druggist supplied the doctor with prescription blanks, with the name and address of his store, which was supposed to be the only store in the city where the prescription could be compounded. The physician instructed the druggist to remove the original labels the preparation contained, and replace them with the regular druggist label with Sig. The gentleman who conducted the store told me that the financial receipts for the prescriptions that day amounted to several hundred dollars, but they did not end there, they continued to fill the same prescriptions for several years afterwards, and thus created a demand for the nostrums which I suppose are still supplied by the same company.

This method has proven to be one of the most successful methods of introducing nostrums that the author has any knowledge of, for today the company is rated at over a million dollars, and it did not take the doctor and his staff over two years to visit most of the principal cities of the United States, and thus cover the entire country.

THE COST OF NOSTRUMS.

In the preceding paragraphs we have outlined some of the ways of promoting the sale of nostrums. We will now discuss the cost of nostrums. My attention was first called to this subject by an article which appeared in the *Indiana Pharmacist*, in which it said:

"Why should you pay \$1.90 a dozen for Bull's Cough Syrup, when you can put up a better article containing no opium, giving three times the quantity for the same money, at a cost of but 46 cents a dozen?"

Here is a formula for a most excellent cough syrup:

R	Fl. ext. ipecac.....	2 oz.	38 cents.
	Chloroform	½ oz.	2 cents.
	Tinct. white pine.....	8 oz.	14 cents.
	Water	28 oz.	
	Sugar	56 oz.	25 cents.
	Magnesia carb.....	2 oz.	3 cents.
	Tinct. gelsemium.....	1 oz.	2 cents.

Total.....	84 cents.
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This makes five pints of the finished product, which put up in three ounce ball-neck panels, holding 2¼ ounces, would make 3½ dozen bottles. The cost of the bottles would be 50 cents, and the labels, wrappers, etc., would cost not more than 10 cents, making a total cost of \$1.44 for three and one-sixth dozen syrup, or about 46 cents a dozen, as against \$1.90 a dozen for Bull's.

Take the subject of bitters. None of the patents can be bought for less than \$7.00 a dozen, and from that up to \$8.50. They retail for \$1.00 where "cutting" is not known. Take the following formula:

R	Cinchona bark, red.....	8 oz.	30 cents.
	Gentian root.....	8 oz.	5 cents.
	Columbo root.....	8 oz.	10 cents.
	Juniper berries.....	8 oz.	3 cents.
	Glycerine	8 oz.	9 cents.
	Alcohol	1 part.	
	Water	3 parts.	

To make one gallon of finished product.

Have the drugs ground to a coarse powder, pack in a percolator, pour on menstruum until the top of the drug is evenly covered. When the percolate begins to drop, insert a cork in the percolator, cover the top, and allow the contents to macerate 48 hours. Then proceed to ob-

tain $7\frac{1}{2}$ pints of percolate, to which add the glycerine. Flavor with oil of wintergreen.

This makes eight pints of finished product, which put up in pint bottles, sells for \$1.00 a bottle. The bottle costs 25 cents, and the labels and wrappers not to exceed 10 cents, making a total cost of \$1.50 for eight bottles, or \$2.25 for a dozen, as against \$7.00 to \$8.00 for the regular nostrum.

For a blood purifier that will "do the work every time:"

℞	Fl. ext. sarsaparilla.....	8 oz.	50 cents.
	Fl. ext. stillingia.....	8 oz.	25 cents.
	Fl. ext. yellow dock.....	8 oz.	25 cents.
	Podophyllin	24 gr.	3 cents.
	Aqua	2 pt.	
	Elix. simplex.....	2 pt.	23 cents.
	Alcohol	2 pt.	55 cents.
	Iodide potash.....	1 oz.	18 cents.

Mix and filter. Put up in paneled 14-ounce bottles. This will give nine bottles to the gallon. The bottles will cost 26 cents, label and wrappers 10 cents, making a total cost of \$2.35 for nine bottles, or \$3.13 a dozen, as against \$7.00 to \$8.50 a dozen for the much-vaunted nostrums that are generally only a solution of epsom salts, colored and flavored.

For a kidney cure, one that invariably brings back the customer, recommends itself and makes business brisk:

℞	Fl. ext. buchu.....	8 oz.	35 cents.
	Fl. ext. pareira brava.....	4 oz.	20 cents.
	Fl. ext. stone-root.....	4 oz.	20 cents.
	Acetate potass.....	4 oz.	15 cents.
	Holland gin, best.....	8 oz.	20 cents.
	Simple elixir, to make.....	1 gal.	72 cents.

Mix. Filter and put up in bottles holding eight ounces, plain or paneled, as best suits. The bottles will cost 44 cents, and the labels and wrappers 10 cents, making a total cost of \$2.35 for 16 bottles, or \$1.77 a dozen.

This can be sold for 50 cents a bottle, and will afford a much better per cent. and larger profits than Warner's nostrums and do the patient some good.

For a liniment for general purposes, that will relieve pain and soreness, giving much better satisfaction than St. Jacob's oil:

R Soap liniment.....	5 pt.	\$1.10
Aqua ammonia.....	2 pt.	.12
Tinct. opium.....	1 pt.	.60

After reading the above article it occurred to me that physicians might need a little of the same advice, when we stop to consider the number of pharmaceutical preparations, which are offered to the medical profession at an enormous advance in price, and the only defense their manufacturers can offer, is that their products are "chemically pure," which is no doubt true, but when we have access to products from the laboratories of Parke, Davis & Co., Merck's and many others, why should we pay many times the original cost to have some pharmaceutical manufacturing company place these chemical products in an aromatic vehicle? This is well illustrated in the preparation Bromidia, Peacock's Bromides, Sanmetto, and others. I would suggest why pay one dollar for a four-ounce bottle of Bromidia when you can get the identical preparation in purity and therapeutical value in the following formula:

BROMIDIA.

R Chloral hydrate (Merck's)...	1 oz.	11 cents.
Potassium brom. (Merck's)...	1 oz.	5 cents.
Fl. ext. cannabis ind. (P.		
D. & Co.).....	4 min.	
Fl. ext. hyoscyamus (P.		
D. & Co.).....	4 min.	
Caramel	q. s. color.	
Aromatic elix.....	q. s. 4 oz.	4 cents.

The above makes an excellent preparation and only represents one of the many stock preparations which a physician could prepare and have in his dispensing case at little expense.

Perhaps no greater illustration can be made in the way chemical products have been sold to physicians, at fancy prices, than in the different ways acetanilid has been introduced. The cheapness of this remedy (fifty cents a pound) makes it a very profitable preparation to compound with other remedies, and dispose of under a "framed name." *Dr. Potter's Materia Medica* gives the following regarding some of the preparations this drug is supposed to largely enter:

AMMONOL.

A proprietary antipyretic and analgesic, claimed to possess unusual stimulating and expectorant properties due to the loosely combined ammonia in its composition. Beringer concludes that it is merely an admixture of:

- ℞ Acetanilid 2 parts.
 Sodium bicarbonate..... 1 part.
 Ammonium carbonate..... 1 part.

With a minute quantity of the dye metanil—yellow. A similar mixture is used at the Philadelphia Hospital under the name ammoniated acetanilid, which consists of:

- ℞ Acetanilid 2½ gr.
 Sodium bicarbonate..... 1½ gr.
 Ammonium carbonate..... 1 gr.

This for a minimum dose. Dose of ammonol or ammonol salicylate gr. v-xx.

ANTI-KAMNIA.

Is a proprietary preparation widely advertised as an antipyretic and analgesic. Analysis of several samples have been made by different chemists, all of which agree in finding the chief ingredients to be acetanilid and sodium bicarbonate in varying proportions. By some observers caffeine was detected, also tartaric acid, etc. The preparation is formulated by the latest analysis as a mixture of:

- ℞ Acetanilid 70 parts.
 Sodium bicarbonate..... 20 parts.
 Caffeine 10 parts.

Dose, gr. v-xv, in powder or tablets.

ANTIKOL.

- ℞ Acetanilid75 parts.
 Sodium bicarbonate.....17½ parts.
 Tartaric acid.....7½ parts.
 Dose, gr. v-xv. —(Squibb.)

ANTINERVIN.

- ℞ Acetanilid2 parts.
 Salicylic acid.....1 part.
 Ammonium bromide.....1 part.
 Dose, gr. v-xv. —(Ritser.)

EXODYNE.

- ℞ Acetanilid90 parts.
 Sodium salicylate.....5 parts.
 Sodium bicarbonate.....5 parts.

The name sufficiently states its claim to medicinal virtue. Dose, gr. iiij-x.

FEBRINOL.

So-called by its proprietors, is a mixture of acetanilid and other inert substances, advertised at one-half the price of similar coal-tar preparations.

PHENOLID.

- ℞ Acetanilid58 parts.
 Sodium salicylate.....43 parts.

And competes with the above as a panacea. Dose, gr. v-xv.

I am not aiming to do an injustice to the manufacturers of the different non-secret preparations, which are offered the medical profession, but I only wish to point out the large revenues they receive for adding an aromatic vehicle and favorably impressing the profession that their preparations offer special advantages, because they are chemically pure and pharmaceutically correct.

PHYSICIANS AND NOSTRUMS.

Many physicians are, generally speaking, no different from the laity, and often entertain some of the mysteries which hover around the healing art, and place more value upon a remedy of which they know little of the contents,

than they do on their own knowledge of medicine. The principal thing they are seeking is "results," and with this end in view prescribe nostrums, with the same grace and dignity as a grandmother will goose-oil.

I have seen many physicians prescribe such nostrums as Hive Syrup, Castoria, Trask's Ointment and others of a similar character, when superior treatments were at their command. This practice has become as profound a habit with some physicians as tobacco has with others; on the other hand the medical journals contain advertisements of several preparations which are nostrums in the broadest sense of the term. To illustrate, Micajah's Uterine Wafers, which are sold at fancy prices, do not compare, in results, with those which can be obtained from the use of the extra-uterine application, given on another page.

If the practice of medicine is the exercise of medical art, and embraces all that pertains to the knowledge of medicine, my plea is to broaden our knowledge to the extent that we may prescribe knowingly, intelligently and specifically in each case, and abandon as far as possible "shot gun therapeutics."

THE FORMULÆ OF NOSTRUMS.

It is the author's belief that most physicians will appreciate a collection of the formulæ of the most prominent secret nostrums, and for several years I have been extracting these formulæ from medical journals, books, newspapers, etc., and in addition to the formulæ already given throughout this volume, I will add several more. Preserving these formulæ in a convenient form for ready reference, affords many advantages, as patients will often ask physicians regarding the contents of a certain patent medicine, and by referring to this collection, he can not only supply them with the information, but encourage them to abandon their use for a more thorough course of treatment, as their case may require.

In cases of poisoning from patent medicines, which is not of infrequent occurrence, this allows the physician to select the antidote. It also gives your patient to

understand that you are familiar with the ingredients these preparations contain, and you cannot recommend their use, because you can furnish a more specific course of treatment. Although some of these medicines have a certain degree of merit, many of them are of little or no value, as their formulæ will indicate. Out of curiosity I have had several of these formulæ compounded and compared them with the original, to ascertain whether or not there was a resemblance, and if they could be prescribed with equal therapeutical results, and I am surprised at the success obtained in many cases.

I, in no way wish to be held responsible for the correctness of all these formulæ. The author's name is appended in each case, when known.

ALTERATIVES.

AYER'S SARSAPARILLA.

℞	Fluid extract sarsaparilla	3 oz.
	Fluid extract stillingia	3 oz.
	Fluid extract yellow dock.....	2 oz.
	Fluid extract may apple.....	2 oz.
	Sugar	1 oz.
	Iodide potassium.....	90 gr.
	Iodide iron.....	10 gr.
Mix.	—(<i>Chicago Druggist.</i>)	

BULL'S BLOOD SYRUP.

℞	Iodide of potash.....	12 dr.
	Red iodide of mercury.....	2 gr.
	Tinct. of poke root.....	3 dr.
	Comp. syrup of stillingia.....	6 oz.
	Simple syrup, to make.....	1 pt.
Mix.	—(<i>National Druggist.</i>)	

CLARK'S BLOOD MIXTURE.

℞	Iodide of potassium.....	64 gr.
	Chloric ether.....	4 dr.
	Liquor potash.....	30 min.
	Water	7½ oz.
	Caramel to color.	

The chloric ether is made by dissolving one part by weight of chloroform in nineteen parts by volume of alcohol.

CUTICURA RESOLVENT.

- ℞ Aloes, Socot.....1 dr.
 Rhubarb powd.....1 dr.
 Iodide potass.....36 gr.
 Whisky1 pt.

Macerate over night and filter.

—(*St. Louis Druggist.*)

EDWARD'S ALTERATIVE AND TONIC BITTERS.

- ℞ Fluid extract of hops.....16 oz.
 Fluid extract of red cinchona.....8 oz.
 Fluid extract of sarsaparilla.....6 oz.
 Fluid extract of hydrastis.....6 oz.
 Fluid extract of podophyllum.....4 oz.
 Oil of wintergreen.....6 dr.
 Oil of sassafras.....3 dr.
 Oil of peppermint.....2 dr.
 Oil of lemon.....2 dr.
 Sugar6 lb.
 Alcohol2 gal.
 Water, enough to make.....12 gal.

Mix.

—(*Myers Bros.' Druggist.*)

ELIXIR IODO-BROMIDE OF CALCIUM COM- POUND.

- ℞ Bromide of calcium.....256 gr.
 Iodide of sodium.....256 gr.
 Chloride of magnesium.....256 gr.
 Iodide of potassium.....256 gr.
 Comp. fl. ext. of sarsaparilla.....2 oz.
 Comp. fl. ext. of stillingia.....2 oz.
 Elixir of orange.....4 oz.
 Sugar4 oz.
 Water to make.....16 oz.

Dissolve the salts in the water, add the sugar and to this syrup add the fluid extracts, previously mixed with the elixir of orange. After standing two days, filter, adding water to make the measure sixteen fluid ounces.

JAYNE'S ALTERATIVE.

R	Tartar emetic.....	4 gr.
	Spirits of camphor.....	1 dr.
	Fluid extract of ipecac.....	4 min.
	Laudanum	2 dr.
	Tinct. of lobelia.....	1 dr.
	Syrup of tolu.....	12 dr.
	tinct. of digitalis.....	1 dr.
	Syrup of squills.....	2 oz.

Mix.

—(*National Druggist.*)PERRY'S COMPOUND SARSAPARILLA BLOOD
PURIFIER.

R	Turkey-corn root.....	2 lb.
	Stillingia root.....	2 lb.
	Sarsaparilla root	2 lb.
	Yellow-dock root.....	2 lb.
	Sassafras bark.....	1 lb
	Simple syrup.....	2 gal.
	Diluted alcohol.....	32 pt.
	Iodide of Potassa.....	2 lb.
	Water	sufficient

Percolate roots and bark with diluted alcohol, add syrup, then iodide of potassa. Dissolve in water to make six gallons.

Mix.

—(*Kilner's Modern Pharmacy.*)

DR. RADWAY'S RENOVATING RESOLVENT.

R	Potassium iodide	2.5 grm
	Concentrated sarsaparilla decoction.....	15 grm
	Bitter almond water.....	10 grm
	Syrup	30 grm
	Parrish's simple elixir.....	90 grm
	Distilled water.....	250 grm
	Caramel sufficient to color.	

Mix.

—(*H. B. Parsons.*)

RUSSELL'S BOTANIC KING.

As Dr. Russell states on the label, of a mixture of powdered extracts of dandelion, mandrake, buchu, yellow dock, and peruvian bark, each 10 parts; aloes, 50 parts.

—(*New Idea.*)

SYRUP OF STILLINGIA COMPOUND.

This is an old eclectic remedy and may be prepared as follows:

℞ Fl. ext. stillingia comp.....	I oz.
Fl. ext. corydalis.....	I oz.
Fl. ext. blue flag.....	½ oz.
Fl. ext. elder flowers.....	½ oz.
Fl. ext. prince's pine.....	½ oz.
Fl. ext. prickly ash berries.....	¼ oz.
Fl. ext. coriander.....	¼ oz.
Sugar	I 4 oz.
Water	Sufficient.

Mix the fluid extracts and add water to make 6½ fluid ounces. In this dissolve the sugar, using as little heat as possible, and add water to make one pint.

ANODYNES.

BRADYCROTINE.

A compound closely resembling it may be made by the following formula:

℞ Caffeine (alkaloid).....	5 gr.
Potassium bromide.....	20 gr.
Sodium bromide.....	20 gr.
Simple syrup.....	2 dr.
Alcohol	2 dr.
Port wine sufficient to make.....	2 oz.
Caramel sufficient to color.	

Mix.

—(*Druggists' Circular.*)

CHLORODYNE.

The following is a mixture resembling Brown's, and I think fully as good:

℞ Chloroform	I dr.
Morphia	5 gr.
Ether	½ dr.
Oil peppermint.....	4 min.
Dil. hydrocyanic acid.....	I dr.
Tinct. capsici.....	I dr.
Molasses	10 dr.
Ext. licorice.....	15 gr.

Mix.

The following is a mixture put up by a manufacturing firm:

- ℞ Sulph. morphia.....24 gr.
 Tinct. cannabis indica.....6 dr.
 Chloroform6 min.
 Tinct. capsici.....12 min.
 Oil peppermint.....12 min.
 Dil. hydrocyanic acid.....72 min.
 Alcohol3½ oz.
 Glycerine3½ oz.
 Mix. —(Fred Rohnert in *American Pharmacist*.)

COALINE HEADACHE POWDERS.

We would suggest antipyrine, 3 grains, cane sugar in powdered form, 15 grains, to each powder. One powder to be dissolved in a teaspoonful of water and taken as a dose, to be repeated in three-quarters of an hour.

—(*New Idea*.)

KEPHALGINE.

This remedy for headache, consists of:

- ℞ Antipyrine5 parts
 Roasted coffee5 parts
 Caffeine2 parts
 Salicylate of sodium.....2 parts
 Mix. —(*American Journal of Pharmacy*.)

KLINE'S NERVE RESTORER.

- ℞ Bromide of ammonia.....3 dr.
 Bromide of potassium.....3 dr.
 Bicarb. of potassium.....80 gr.
 Tinct. columbo.....6 dr.
 Water6 oz.
 Mix. Dose: Teaspoonful thrice daily in water.
 —(*Dr. Wade in Med. World*.)

POPE'S CURE FOR NEURALGIA.

- ℞ Iodide of potash.....4 dr.
 Extract of conium.....1 dr.
 Comp.tinct. of cinchona.....2 oz.
 Syrup of sarsaparilla.....4 oz.
 Mix. Teaspoonful three times a day.
 —(*National Druggist*.)..

POWELL'S BALM OF ANISE SEED.

This patent preparation is merely a modification of "Paragoric Elixir," without the perceptible presence of camphor, but with the addition of a small quantity of extract of licorice, and the faintest presence of rhubarb.

The medicine is distinctly acid, owing to the presence of benzoic acid, and when water is added it becomes turbid and milky, from anise seed oil being one of the principal constituents. —(*New Idea.*)

QUICK STOP FOR HEADACHES.

Besides camphor, it contains a little over $1\frac{3}{4}$ grains of cocaine to the bottle; that is about $\frac{1}{4}$ grain of the alkaloidal salt to the dose. The greenish color is evidently due to some greenish fluid extract, and underneath the camphor there is an odor suggestive of henbane, though we failed to isolate any alkaloid having decided mydriatic qualities. The cocaine dilated the pupil slightly, but the dilation was attributed to the cocaine itself, which is reported to sometimes have this effect.

—(*New Idea.*)

RICHMOND'S SAMARITAN NERVINE.

According to our analysis, this wonderful agent has the following formula:

℞ Potass. bromide.....I oz.
 SugarI oz.
 Caramel20 min.
 Water5 oz.
 Dissolve and add oil cassia.....10 min.

Mix. —(*New Idea.*)

ROGER'S ANTI-NEURALGIC PILLS.

Asafoetida10 gr.
 Ext. valerian.....10 gr.
 Galbanum10 gr.
 Castoreum10 gr.

Mix. Make ten pills. Dose: Three or four pills a day —(*Country Doctor.*)

SENCKENBERG'S MIGRAINE PASTILLES.

- ℞ Methozine (antipyrine).....4½ gr.
 Antifebrin7½ gr.
 Rhubarb¾ gr.
 Calamus⅓ gr.
 Cinchona½ gr.
 Mix. —(*Pharm. Cent.*)

STEDMAN'S SOOTHING POWDERS.

- ℞ Opium pulv.....3 gr.
 Ipecac1 gr
 Milk sugar.....8 gr
 Rice flour.....12 gr
 Mix and divide into 8 powders. —(*New Idea.*)

WINSLOW'S SOOTHING SYRUP.

- ℞ Morphia sulph.....½ gr.
 Sodii carbon.....1 gr.
 Simp. syrup.....1½ oz.
 Aqua½ oz.
 Spirit foeniculi.....1 dr.
 Mix. (*New Idea.*)

APERIENTS AND CATHARTICS.

AYER'S PILLS.

Consist of Colocynth, Gamboge and Aloes, coated with Starch and Sugar.

BRANDRETH'S PILLS.

- ℞ Extract colocynth.....20 gr.
 Aloes, Socotrine.....2 dr.
 Gamboge1 dr.
 Castile soap.....½ dr.
 Oil peppermint.....2 min.
 Oil cinnamon.....1 min.
 Powd. arabic and alcohol, of each.....q. s.
 Mix and make 80 pills. Dose: 1 to 3, as directed.
 —(*Dr. D. S. Clark.*)

CARTER'S LITTLE LIVER PILLS.

- ℞ Podophyllin1½ gr.
 Aloes3½ gr.
 Mucilage of acacia.....q. s.

Mix; divide into 12 pills and coat with sugar.

—(*New Idea.*)

COMBE'S APERIENT.

- ℞ Sulphate of magnes.....35 parts.
 Roasted coffee.....40 parts.
 Boiling water.....500 parts.

Mix. Boil for two minutes, sweeten to taste with white sugar. Dose:—One wine-glassful in the morning.

DOW'S WHITE LIQUID PHYSIC.

- ℞ Sodium sulphate.....8 oz.
 Dissolve in water.....24 oz.
 Then add nitro-muriatic acid.....2 oz.
 Powdered alum.....68 gr.

Mix. The dose is a table-spoonful in water. A cooling purgative.

ENO'S "FRUIT SALT."

- ℞ Soda bicarbonate.....168 parts.
 Tartaric acid.....150 parts.
 Rochelle salt.....110 parts.

Mix.

—(*New Idea.*)

FLEURY'S TASTELESS CASCARINE.

Examination proves it to be subnitrate of bismuth and calomel, triturated through powdered cane sugar.

—(*New Idea.*)

GARFIELD TEA.

Our examination showed it to contain chiefly senna leaves and crushed couch-grass. There are perhaps small amounts of other drugs present; but if so they are relatively of little importance.

—(*New Idea.*)

HOLMES' LIVER PILLS.

- ℞ Colocynth pulp.....1 oz.
 Gamboge1 oz.
 Scammony1 oz.
 Barb. aloes.....2 oz.
 Castile soap.....½ oz.
 Oil peppermint.....2 fl. dr.
 WaterSufficient.

Make into three-grain pills, of which from two to three are an average cathartic. These pills formerly had a big reputation in the city of Pittsburg, Pa.

HALLOWAY'S PILLS.

- ℞ Aloes2 dr.
 Rhubarb1 dr.
 Capsicum20 gr.
 Saffron5 gr.
 Sulphate of soda.....5 gr.

Make one hundred pills.

HUNYADI JANOS WATER.

- ℞ Sulphate of lime.....1½ oz.
 Glauber salts.....24 oz.
 Epsom salts.....26 oz.
 Sulphate of potassa.....1 dr.
 Water10 gal.

Mix and charge with gas.

LEE'S ANTI-BILIOUS PILLS.

- ℞ Calomel30 gr.
 Jalap60 gr.
 Gamboge12 gr.
 Tartar emetic.....3 gr.

Beat into a mass and make into 24 pills, mix with gum arabic or extract of dandelion. Dose: 3 to 5 pills as a purgative.

By substituting podophyllin in the place of calomel (same quantity) it makes a safer and better pill for common use. Dose: 2 to 3 pills.

LITTLE HOP PILLS.

- ℞ Podophyllin 3 gr.
 Ext. colocynth 6 gr.
 Oil of peppermint 1 min.
 Ext. rhubarb Sufficient.
 Mix, divide into 12 pills and coat heavily with sugar.
 —(*New Idea.*)

MARSHALL'S PILLS.

- ℞ Compound extract colocynth 60 gr.
 Mass mercury 60 gr.
 Powd. aloes 60 gr.
 Powd. soap 60 gr.
 Powd. rhubarb 60 gr.
 Mix and make into 60 pills.
 —(*Pharmaceutical Record.*)

MORRISON'S PILLS.

- ℞ Powdered colocynth 3 gr.
 Powdered gamboge 6 gr.
 Powdered aloes 9 gr.
 Cream of tartar 12 gr.
 Also syrup enough for 12 pills. Serious results are often produced by large doses of these pills.

PARSON'S PURGATIVE PILLS.

- ℞ Aloes 1 gr.
 Calomel $\frac{1}{2}$ gr.
 Powd. colocynth $\frac{1}{2}$ gr.
 Gamboge $\frac{1}{2}$ gr.
 Soap $\frac{1}{2}$ gr.
 Mandrake root $\frac{1}{2}$ gr.
 Oil peppermint $\frac{1}{2}$ gr.

• RADWAY'S PILLS.

- ℞ Aloes 4 parts
 Jalap 2 parts.
 Ginger 2 parts.
 Myrrh 2 parts.

Make into a mass with mucilage and divide into 2-grain pills, of which about four dozen are put into each box.
 —(*Cooley.*)

TARRANT'S SELTZER APERIENT.

The Assistant State Geologist of Arkansas offers this hypothetical combination for this well known article, which we quote as reported by J. J. Beidelman to Meyer Bros., Druggists:

R	Bi-carbonate of soda.....	28.25 per cent.
	Rochelle salts.....	26.04 per cent.
	Potassium, soda tartar.....	
	Tartaric acid free.....	30.96 per cent.
	Sulphate of magnesia.....	12.89 per cent.
	Magnesia .....	.28 per cent.
	Silica .....	.01 per cent.
	Chloride of sodium.....	.17 per cent.

Total98.60 per cent.

Loss probably Tartaric acid. 1.40 per cent.

SIMMON'S LIVER REGULATOR.

R	Hepatica	I oz.
	Leptandra	I oz.
	Serpentaria	I oz.
	Senna	1½ oz.

Mix. Put the ingredients into 2½ pints of boiling water. Let stand 19 hours, then strain. Add ½ pint of good whisky.

—(*New Remedies.*)

SYRUP OF FIGS.

The formula for syrup of figs is as follows:

R	Senna leaves.....	14 oz.
	Coriander seed.....	6 oz.
	Figs	24 oz.
	Tamarind	18 oz.
	Cassia pulp.....	18 oz.
	Prunes	12 oz.
	Ext. licorice.....	1½ oz.
	Ess. peppermint.....	1½ oz.
	Syr. simp.....	I gal.

The formula omits directions; but probably a water extract should be made of the drugs, so as to measure about four pints, and in this dissolve eight pounds of sugar to make the syrup.

—(*Druggists' Circular.*)

TOWNSEND'S PILLS.

Have been in considerable use among physicians of our acquaintance. The formula is the following:

- ℞ Mass hydrarg 20 gr.
 Gamboge 20 gr.
 Ext. aloes 20 gr.
 Zingiber pulv. 20 gr.
 Oil peppermint 3 drops.
 Mix. Divide into 16 pills. —(*American Druggist.*)

TROPIC FRUIT LAXATIVE.

The following is offered as being a very fair duplicate of the article:

- ℞ Jalap, powdered 5 parts.
 Senna, powdered 5 parts.
 Sugar 5 parts.
 Tamarind pulp (E. I.) 30 parts.

Make into lozenges weighing 45 grains each, and coat with chocolate and sugar, and wrap in tin foil.

—(*Adam Sonrath.*)

ASTHMA REMEDIES.

CLEARY'S ASTHMA POWDER.

- ℞ Pulv. stramonium leaves 30 parts.
 Pulv. belladonna leaves 30 parts.
 Pulv. saltpetre 5 parts.
 Pulv. opium 2 parts.

Mix. A little to be burned and fumes inhaled.

—(*Chemist and Druggist.*)

HIMROD'S ASTHMA CURE.

Dr. Geo. Covert, of Clinton, Wis., in a recent article, says in regard to this preparation: "A one-time school-mate and friend of mine cured himself of asthma with his own remedy. He went to Europe, introduced his asthma remedy to the notice of Kaiser William, who

used it with benefit and gave it his royal commendation. Our friend's fortune was made, and Himrod's Asthma Remedy is still on the market.'

- ℞ Powdered lobelia.....2 oz.
 Powdered stramonium leaves.....2 oz.
 Powdered nitrate of potash.....2 oz.
 Powdered black tea.....2 oz.

Sift well and mix.

DR. B. W. HAIR'S ASTHMA CURE.

- ℞ Wine of tar.....14 oz
 Iodide of potassium.....220 gr.

Make a solution. Shake well before taking. The wine of tar to be used in the above must be made as follows:

- ℞ Common pine tar.....2 dr.
 Sherry wine.....2 pts.
 Pine sawdust.....½ oz

Mix the tar with the sawdust so as to form a sort of powder; then macerate it for a week with the wine and filter through paper.

—(Dr. Palmer.)

LANGELL'S ASTHMA REMEDY.

- ℞ Powdered belladonna leaves.....1 part.
 Powdered nitrate of potash.....10 parts.

CARMINATIVES.

CHAMBERLAIN'S COLIC, CHOLERA, AND DIARRHOEA REMEDY.

- ℞ Tinct. capsicum.....20 dr.
 Tinct. camphor.....16 dr.
 Tinct. guaicum.....12 dr.

Mix.

—(Medical World.)

CHAMBERLAIN'S RELIEF.

- ℞ Tinct. capsicum (about).....1 oz.
 Spts. camphor (about).....¾ oz.
 Tinct. guaiac (about).....¼ oz.
 Color tinct. to make.....2 oz.

Mix.

—(The Drug Mill.)

EDISON'S POLYFORM.

℞	Chloroform	2 oz.
	Chloral hydrate.....	2 oz.
	Alcohol	1½ oz.
	Gum camphor.....	1 oz.
	Ether	1 oz.
	Morphine sulphate.....	6 gr.
	Oil of peppermint.....	2 dr.
Mix.	—(<i>Druggists' Circular.</i>)	

FOSGATE'S ANODYNE CORDIAL.

℞	Fluid extract rhubarb.....	5 dr.
	Fluid extract rhatany.....	2 dr.
	Fluid extract ginger.....	6 min.
	Paregoric	1 dr.
	Simple syrup.....	1 dr.
	Dilute alcohol.....	5 dr.
Mix.	—(<i>New Idea.</i>)	

FLAGG'S RELIEF.

℞	Oil of cloves, about.....	1 dr.
	Oil of sassafras, about.....	2 dr.
	Spirits of camphor, about.....	1½ dr.
Mix.	—(<i>J. J. Pierson, Ph. C.</i>)	

KELLOGG'S RED DROPS.

℞	Spirit of camphor.....	2 oz.
	Spirit of organum.....	¼ oz.
	Oil of sassafras.....	¼ oz.
	Oil turpentine	½ oz.
	Color tincture (about).....	4 oz.
Mix.	—(<i>Pharmacist and Chemist.</i>)	

LINDSEY'S PAIN CURE.

.. This is said to be an excellent application for pain of any kind, or in any place, and especially for neuralgia and inflammatory rheumatism.

R	Alcohol	4 oz.
	Ethereal oil of wine.....	4 dr.
	No. six.....	4 oz.
	Spts. camphor.....	4 oz.
	Oil hemlock.....	2 oz.
	Oil cinnamon.....	1 dr.
	Oil sassafras	1 oz.
	Oil cloves.....	4 dr.
	Ether	2 oz.
	Chloroform	2 oz.
	Sweet spirits of nitre.....	4 oz.
	Chloral hydrate	2 oz.
	Lard oil.....	4 oz.
	Oil cedar.....	4 oz.
	Oil origanum.....	1 oz.
	Oil wintergreen.....	2 dr.

Mix. It may be taken internally in doses of 5 to 60 drops. The number six is tincture of capsicum and myrrh, made double strength. The spirits of camphor is also made double strength by the aid of chloroform.

—(*Dr. McCann.*)

REE'S CHOLERA MIXTURE.

R	Spts. chloroform.....	12 oz.
	Spts. lavender, comp.....	12 oz.
	Vin. opium.....	3 oz.
	Oil of cloves.....	40 min.

SEVEN SEALS, OR GOLDEN WONDER.

R	Ether	4 parts.
	Chloroform	6 parts.
	Camphor	4 parts.
	Oil of peppermint.....	2 parts.
	Tinct. of capsicum	35 parts.
	Alcohol (90 per cent).....	50 parts.

These proportions are approximate. This preparation is recommended for "cholera-morbus, rheumatism, wart, corns and all diseases."

—(*National Druggist.*)

THIELMAN'S CHOLERA MIXTURE.

℞	Oil peppermint.....	4 dr.
	Chloroform	4 dr.
	Fl. ext. ipecac.....	3½ dr.
	Fl. ext. valerian.....	1¼ oz.
	Tinct. opium, deod.....	1½ oz.
	Ether	2 oz.
	Alcohol	6 oz.
	Sherry wine sufficient to mix.....	16 oz.

Mix.

—(*Western Druggist.*)

CATARRH REMEDIES.

HALL'S CATARRH CURE.

℞	Gentian root.....	1¼ oz.
	Bitter orange peel.....	5 dr.
	Cardamon seeds.....	100 gr.
	Potassium iodide.....	1 oz.
	Dilute alcohol.....	Sufficient.

Macerate the crude drugs in 12 ounces of dilute alcohol for 48 hours, then transfer to a percolator and allow to percolate slowly; when the liquid has ceased to percolate, pass enough menstruum through the percolator to make the finished product measure 16 ounces. In this dissolve the potassium iodide.

—(*New Idea.*)

SAUL'S CATARRH REMEDY.

℞	Comp. tinct. benzoin.....	2 oz.
	Tinct. tolu.....	2 oz.
	Chloroform	1 dr.
	Sulphuric ether.....	1 dr.
	Aromatic spts. of ammonia.....	1 oz.
	Oil of tar.....	1 dr.
	Rectified spirits.....	5 oz.

Mix. Use with Cutler's inhaler.

—(*Dr. Brucker in Medical World.*)

SAGE'S CATARRH REMEDY.

- ℞ Powdered hydrastis canadensis.....1 oz.
 Powdered borax.....10 gr.
 Salt10 gr.
 Ferro-cyanuret of iron...Sufficient to color.

Mix.

The above is the formula of Dr. Sage, and sold by him to Dr. Pierce, of New York, for \$500.00. The formula was given to me by Dr. Sage himself, while on a visit to relatives in Switzerland County, Indiana, two years ago. —(*Dr. Hewitt in Medical World.*)

SANFORD'S RADICAL CURE FOR CATARRH.

Consists, according to an analysis made by Prof. A. B. Lyons, of a distilled extract of witch hazel, containing a little alcohol and glycerine, perhaps as much as five per cent. of the latter, and between ten and fifteen per cent. of the former (no exact determinations attempted), also an important constituent—morphine—quantity not estimated.

The "solvent" consists mostly of nitre and bicarbonate of soda, with a small quantity of the yellow powder, insoluble or sparingly soluble in water—probably a vegetable powder. —(*New Idea.*)

DR. SYKES'S CATARRH CURE.

Mr. D. S. Sager, chemist, Brantford, Canada, writes the American Druggist that an analysis of a package of this substance showed that it consisted of between 66 and 67 per cent. of chlorate of potassium, with powdered licorice root, and a small amount of brown powder not analyzed. The liquid is made by adding the powder to a stated amount of water, filtering out the sediment, and then flavoring with wintergreen.

WEIDEMEYER'S CATARRH CURE.

We examined in 1880 and found it to be composed almost entirely of bicarbonate of soda, costing less than one-tenth of one cent for the contents of a box, which retails for \$1.50. —(*New Idea.*)

CORN CURES.**HANSON'S MAGIC CORN CURE.**

- ℞ Simple cerate.....1 oz.
 Salicylic acid.....1 dr.
 Mix intimately. —(*Indiana Pharmacist.*)

KOHLER'S ONE NIGHT CORN CURE.

This is claimed to consist of lard containing 25 per cent of salicylic acid. —(*Western Druggist.*)

LIEBIG'S CORN CURE.

The following formula for Liebig's Corn Cure is said to be very effective:

- ℞ Extract of cannabis indica.....5 parts.
 Salicylic acid.....30 parts.
 Collodion240 parts.

Mix until dissolved. Apply with a camel-hair pencil four consecutive nights and mornings to form a thick coating. The collodion protects the corn from irritation and rubbing, while the extract of cannabis indica acts as an anodyne, and the salicylic acid dissolves and disintegrates the corn.

MOREHEAD'S MAGNETIC PLASTER.

Is said to be composed of tar and extract of belladonna, of each equal parts.

ROGER'S EXCELSIOR CORN CURE.

- ℞ Fluid ext. cannabis indica.....1 dr.
 Sulph. morphine.....20 gr.
 Salicylic acid.....10 gr.
 Collodion to make.....2 oz.

Mix well. Pare the corn down thin, apply till a coat forms; do so twice or more, and you can pick the corn out. —(*Dr. Sullivan in Medical World.*)

TRIUMPH CORN PLASTERS.

We would suggest the following formula as a satisfactory one for making a good plaster to replace the secret article.

Make an adhesive plaster by melting equal parts of resin and balsam of fir together; while warm spread on linen, and when cold cut into circular discs, about the size of a nickel, and in the center of each place a quantity, about the size of a half pea, of the following mixture:

- ℞ Resin 3 parts.
 Balsam of fir.....2½ parts.
 Salicylic acid.....5 parts.

Melt the resins together, then stir in the salicylic acid.

—(*New Idea.*)

EXPECTORANTS.

ALLEN'S LUNG BALSAM.

- ℞ Tinct. sanguinaria.....8 oz.
 Tinct. lobelia.....8 oz.
 Tinct. opium.....4 oz.
 Tinct. capsicum.....1½ oz.
 Essence sassafras.....1 oz.
 Essence anise.....1 oz.
 New Orleans molasses.....½ gal.

Bring the syrup to a boil, and add cautiously the other ingredients.

—(*Kilner.*)

AMICK'S CONSUMPTION CURE.

The Amick advertisements appeared shortly after the publication of Dr. N. B. Shade's paper in this and other journals. Amick copied Shade's language, speaking of the "chemical" cure, etc., and I believe adopted Shade's method of treatment. These are fully described by Shade, and consist of the use of calomel, iodoform, guaiacol, etc.

—(*Dr. Waugh in Times and Register.*)

AYER'S CHERRY PECTORAL.

- ℞ Acetate of morphia.....3 gr.
 Tincture of bloodroot.....2 dr.
 Wine antimony.....3 dr.
 Wine ipecac.....3 dr.
 Syrup wild cherry.....3 oz.

Mix. —(*Pacific Med. and Surg. Journal.*)

BATEMAN'S PECTORAL DROPS.

℞ Tinct. of opium.....	1½ oz.
Tinct. of opium-benzoated.....	20 oz.
Tinct. of Canada castor.....	5 oz.
Cochineal, ground.....	1 oz.

Mix. Dose, for adults, 20 to 30 drops, morning and evening. Not to be given to children under ten years of age.
—(*Hager.*)

BOSCHÉE'S GERMAN SYRUP.

℞ Oil of tar.....	1 dr.
Fluid extract ipecac.....	4 dr.
Fluid extract wild cherry.....	6 dr.
Tincture of opium.....	4 dr.
Carbonate of magnesia.....	3 dr.
Water	6 oz.
White sugar.....	10 oz.

Triturate the magnesia, first, with the oil of tar; then with a mixture of the fluid extracts and water; filter and form a solution with the sugar, by agitation, without heat.
—(*Medical World.*)

BROWN'S BRONCHIAL TROCHES.

Said to be like the original formula:

℞ Powdered ext. of licorice.....	1 lb.
Powdered sugar.....	1½ lb.
Powdered cubebs.....	¼ lb.
Powdered gum arabic.....	¼ lb.
Ext. conium.....	1 oz.

Mix. —(*New Idea.*)

BRONCHILLINE.

℞ Mullein	64 gr.
Hoarhound	64 gr.
Senega	64 gr.
Ipecac	64 gr.
Sanguinaria	64 gr.
White pine.....	64 gr.
Wild cherry.....	256 gr.

Chloroform	64 min.
Sugar	14 oz. av.
Alcohol	8 oz.
Tar water (U. S. P.).....	8 oz.
Mix.	—(<i>New Idea</i> .)

BULL'S COUGH SYRUP.

We have no reason to believe that it contains anything else of medicinal consequence than the morphia and sugar-house syrup. —(*New Idea*).

BUCKLER'S CROUP MIXTURE.

R Tartar emetic.....	2 gr.
Pluv. ipecac.....	40 gr.
Syrup of squills.....	2 oz.

Mix. Dose: Teaspoonful every ten minutes until emesis occurs.

CHILD'S COUGH MIXTURE.

R Syr. squills.....	2 dr.
Wine ipecac.....	1 dr.
Tinct. camphor comp.....	1 dr.
Simple syrup.....	4 dr.
Water	3 oz.

DELLENBAUGH'S COUGH CURE.

R Picrate of ammon.....	2 gr.
Chloride of ammon.....	1 dr.
Extract of licorice.....	1 dr.
Water	3 oz.

ELIXIR PINUS COMP.

It is evident that this elixir is modeled on the Syrup of White Pine Comp. (White Pine Expectorant), introduced some years ago by Mr. C. S. Hallberg. On the basis of the claimed formula of the elixir we would offer the following formula:

R Fl. ext. white pine bark.....	6 dr.
Fl. ext. balm gilead buds.....	5 dr.
Fl. ext. spikenard.....	5 dr.

Fl. ext. wild cherry.....	4½ dr.
Fl. ext. ipecac.....	40 min.
Sanguinaria nitrate.....	2 gr.
Chloroform	64 min.
Morphia acetate.....	8 gr.
Ammonium chloride.....	64 gr.
Spirits of orange (1 in 8).....	30 min.
Spirits of coriander (1 in 8).....	10 min.
Spirits of anise.....	10 min.
Alcohol	3 oz.
Simple syrup.....	4 oz.
Water to make.....	1 pt.

This elixir should be allowed to stand four or five days before filtering. —(*New Idea*).

FIRWEIN.

Dr. Lewis, of Belvidere, gives the following formula for Firwein:

℞ Solution bromine, iodine, and phosphorus	1 oz.
Fir bark (in coarse powder).....	1 oz.
White pine bark (coarse powder)....	½ oz.
Tamarac bark (coarse powder).....	½ oz.
Dilute alcohol.....	16 oz.
Sugar	4 oz.

Percolate the barks with the dilute alcohol until 13 fluid ounces are obtained; remove the tannin; add the solution bromine, iodine, and phosphorus. Dissolve the sugar; allow to stand 24 hours and filter.

The solution of bromine, iodine and phosphorus is made thus:

℞ Phosphorus	10 gr.
Iodine	170 gr.
Bromine	170 gr.
Alcohol	1 oz.
Glycerine sufficient to make.....	8 oz.

Dissolve the iodine in the alcohol, then add glycerine, then bromine and lastly the phosphorus gradually in fine shavings. Use great care in adding the phosphorus. One ounce of this for the above Firwein. —(*New Idea*).

FORD'S BALSAM OF HOARHOUND.

- ℞ Hoarhound herb..... $3\frac{1}{2}$ lb.
 Licorice root..... $3\frac{1}{2}$ lb.
 Water8 pt.

Infuse for 12 hours, then strain off six pints. To these
 add:

- ℞ Camphor10 dr.
 Opium1 oz.
 Benzoin1 oz.
 Dried squills.....2 oz.
 Oil of anise-seed.....1 oz.
 Alcohol12 pt.

Macerate for one week and then add $3\frac{1}{2}$ pounds of
 honey. —(*New Idea.*)

GOOCHE'S MEXICAN COUGH SYRUP.

- ℞ Fluid extract wild cherry.....2 dr.
 Glycerine6 dr.
 Simple syrup.....2 dr.
 Syrup of tar, sufficient to make.....3 oz.

Mix. —(*New Idea.*)

GOOD SAMARITAN COUGH SYRUP.

- ℞ Morphia muriat.....1 gr.
 Aq. lauro-cerasi.....1 dr.
 Syrupi2 oz.

Mix. One dr. to two drs., once or twice daily.

GRANDMOTHER'S OWN COUGH REMEDY.

- ℞ Liquid tar.....5 gr.
 Fluid ext. hemlock.....1 dr.
 Powd. white sugar.....2 oz.

And add

- Alcohol $\frac{1}{2}$ oz.
 Water $1\frac{1}{2}$ oz.
 Molasses3 oz.
 Fluid ext. ipecac.....8 min.

Mix well and add finally

- Chloroform1 dr.

Mix. —(*New Idea.*)

JACKSON'S COUGH SYRUP.

The following is the formula recommended by Prof. J. U. Lloyd to be followed as a standard for the above preparation, which also goes by the name of "Compound Syrup of Morphine:"

R	Fl. ext. ipecac.....	½ dr.
	Fl. ext. senega.....	3 oz.
	Fl. ext. rhubarb.....	4 dr.
	Sulphate morphine.....	8 gr.
	Oil sassafras.....	22 min.
	Syrup, to make.....	32 oz.
Mix.	—(<i>American Druggist.</i>)	

JAYNE'S EXPECTORANT.

The following is given in *New Idea* as approximating this preparation:

R	Syrup squills.....	2 oz.
	Tinct. tolu.....	1½ oz.
	Tinct. camphor.....	1 dr.
	Tinct. digitalis.....	1 dr.
	Tinct. opium.....	2 dr.
	Wine ipecac.....	2 dr.
	Antimon. and pot. tart.....	2 gr.

KEATING'S COUGH LOZENGES.

R	Lactucarium	7½ gr.
	Ipecac	3¾ gr.
	Squills	3 gr.
	Ext. licorice.....	3 dr.
	Mucil. tragacanth.....	q. s.
Mix and divide into lozenges each containing 19 gr.		

KING'S NEW DISCOVERY. .

The following is said to represent its composition:

R	Sulp. morphia	8 gr.
	Fl. ext. ipecac.....	½ dr.
	Chloroform	60 min.
	Tinct. white pine	2 oz.
	Water	7 oz.
	Carbonate of magnesia	¼ oz.
	Sugar	14 oz.

Rub the magnesia with one ounce of the sugar in a mortar, and triturate with the tincture of white pine and the fluid extract of ipecac; gradually add the water, and triturate with the mixture in the mortar. Filter and dissolve the morphia sulphate in the filtrate; mix the chloroform with the rest of the sugar in a bottle and add the liquid above. Keep in a tight vessel.

—(*New Idea.*)

LOCOCK'S PULMONIC WAFERS.

℞ Sugar	10 dr.
Starch	10 dr.
Gum arabic	5 dr.
Lactucarium	75 gr.

Equal parts each of vinegar of squills, Oxymel, of squills, Wine of ipecac.

The last three are to be mixed and evaporated to one-sixth the original bulk and added to the powders in quantity sufficient to make a mass of proper consistence. This is to be divided into lozenges of seven and one-half grains each.

MEIBOM'S PECTORIAL BALSAM.

℞ Benzoin	10 parts
Dragon's blood	10 parts
Opium	10 parts
Bals. Peru	10 parts
Spermaceti	5 parts
Butter	10 parts
Sweet oil of almonds.....	50 parts
Oil of turpentine.....	100 parts
Acetic acid	2 parts

Digest for some days, frequently shaking, and strain through linen. To be rubbed on the breast once daily and taken internally once or twice daily, in doses of ten to fifteen drops, for coughs and catarrh.

PEEKSKILL'S COUGH SYRUP.

℞	Syrup of tolu	5 oz.
	Syrup of ipecac	1 oz.
	Paregoric	4 oz.
	Syrup of wild cherry	1 oz.

Mix.

—(*Medical World.*)

PISO'S CURE FOR CONSUMPTION.

℞	Tinct. tolu	½ oz.
	Fl. ext. lobelia	2 dr.
	Fl. ext. cannabis indica	2 dr.
	Chloroform	1 dr.
	Sulp. morphia	4 gr.
	Tartar emetic	4 gr.
	Ess. mentha viridis	10 min.
	Water	8 oz.
	Sugar	14 oz.

Mix the fluid extracts, tincture of tolu, chloroform and essence of spearmint, and shake with the sugar in a bottle. Dissolve with the morphine and tartar emetic in hot water, then add the water to the sugar in a bottle. Dose:—One teaspoonful.

—(*New Idea.*)

RANSOM'S HIVE SYRUP AND TOLU.

℞	Fluid ext. squills	2 dr.
	Fluid ext. senega	2 dr.
	Soluble essence tolu	2 dr.
	Tartar emetic	4 gr.
	White sugar	4 oz.
	Water to make	4 oz.

It is readily prepared by rubbing the tartar emetic and sugar well together, adding the fluid extract and essence of tolu, and then enough water to make, after short slight heating and straining, 4 fluid ounces. Each fluid ounce of the syrup contains 1 grain of tartar emetic.

—(*New Idea.*)

RED STAR COUGH CURE.

We purchased a bottle of it and have submitted it to examination, and find that it is a syrup preparation of wild cherry bark, with a little tar and slight trace of chloroform or chloric ether, with possibly a little bitter almond added. It is put up in a green panel bottle containing full three fluid ounces. It is a clear reddish-brown syrup, of thick substance, has a very faint acid reaction; but has pronounced bitter-almond flavor, and tarry taste and odor.

—(*New Idea.*)

SCHENCK'S PULMONIC SYRUP.

The following formula for Schenck's Pulmonic Syrup was given to me by an old lady several years ago, who professed to know all about the late Dr. Schenck when he commenced:

R	Wormwood	.....	1/2 oz.
	Catnip	.....	1/2 oz.
	Tansy	.....	1/2 oz.
	Hyssop	.....	1/2 oz.
	Hoarhound	.....	1/2 oz.
	Hops	.....	1/2 oz.
	Chamomile	.....	1/2 oz.
	Comfrey	.....	1/2 oz.
	Senega	.....	1/2 oz.
	Elecampane	.....	1/2 oz.

Boil with sufficient water to make, after straining, one quart; then add:

Gum arabic	.....	1 1/2 oz.
Liquorice	.....	1 1/2 oz.

Then one good-sized Indian turnip, and finally add:

Sugar	.....	3 lb.
Brandy	.....	1/2 pt.

Juice of two lemons.

—(*H. M. Wilder in Pharmaceutical Record.*)

SHILOH'S CONSUMPTION CURE.

- R Muriate of morphine 3 gr.
 Muriatic acid 3 min.
 Fl. ext. of henbane 2 dr.
 Fl. ext. of ginger 3 dr.
 Fl. ext. of wild cherry 3 dr.
 Diluted alcohol 3 dr.
 Chloroform 1 dr.
 Essence peppermint 30 min.
 Syrup of tar 3 oz.
 Simple syrup enough to make..... 8 oz.
 Mix. —(New Idea.)

SMITH BROS.' COUGH DROPS.

- R Average weight of each drop..... 36.5 gr.
 Sugar (and glucose in small quantities) 35.5 gr.
 Powdered charcoal80 gr.
 Licorice in small quantities. And highly flavored with oil of sassafras with a little oil of anise.
—(New Idea.)

STOKES' EXPECTORANT.

- R Carbonate ammonia 30 gr.
 Fluid ext. squills 1 dr.
 Fluid ext. senega 1 dr.
 Paregoric 6 dr.
 Syrup of tolu 12 dr.
 Water 10 dr.

Dissolve the carbonate of ammonia in the water and add the remaining ingredients. Dose:—A teaspoonful.

THORN'S COUGH MIXTURE.

- R Hive syrup 2 oz.
 Paregoric 1 oz.
 Sweet spts. nitre..... 1 oz.

Mix. Dose for an adult:—One teaspoonful every two or three hours.

WISTAR'S BALSAM OF WILD CHERRY.

The following formula makes a preparation which is substantially the same as the proprietary article:

R	Fl. ext. wild cherry.....	1 oz.
	Fl. ext. ipecac	2 dr.
	Fl. ext. squills	2 dr.
	Tinct. opium	1 dr.
	Tartar emetic	2 gr.
	Sugar-house syrup	3 oz.
	Alcohol	6 dr.
	Sp. anise (1 in 8).....	20 min.
	Tinct. cudbear comp. (N. F.).....	2 dr.
	Water sufficient to make.....	8 oz.

Mix.

—(*New Idea.*)

WHITE'S ELIXIR.

The following is the formula of "White's Elixir," a nostrum extensively sold throughout Vermont for lung complaints:

R	Antimonii et potassii tart.....	32 gr.
	Tinct. opii	2 dr.
	Tinct. camphorae	2 dr.
	Tinct. anisi	2 dr.
	Alcoholis dil	3 oz.
	Syrupi simplicis	10 oz.
	Aquae to make.....	1 pt.

Mix.

—(*Dr. Ladue in Medical World.*)

WHEELLOCK'S COUGH MIXTURE.

R	Sulp. ether	3 dr.
	Tinct. hyoscyamus	1 oz.
	Syr. wild cherry	1 oz.
	Syr. tolu	1 oz.
	Water to make	4 oz.

Mix.

(*Pharmaceutical Era.*)

EYE REMEDIES.**GOLDEN EYE WATER.**

- ℞ Sulphate of hydrastia.....2 gr.
 Distilled water.....1 oz.

OCULINE, OR "THE BRILLIANT EYE."

This is a collyrium advertised by a New York firm. It is guaranteed to cure every description of eye disease, and to impart a beautiful and lasting brilliancy to the organ of vision.

Examined by Dr. Fr. Hoffman, it has been found to consist of water containing 1 per cent. of boric acid and 5 per cent. of glycerin. —(*Pharm. Rundschau.*)

THOMPSON'S EYE-WATER.

- ℞ Zinc, sulphate 20 gr.
 Copper, sulphate 5 gr.
 Tinct. saffron..... 2 dr.
 Tinct. camphor 1 dr.
 Rose-water 8 oz.
 Dist. water 8 oz.
 Mix and filter. —(*New Remedies.*)

FEVER AND AGUE REMEDIES.**AYER'S AGUE CURE.**

This is said to be a syrupy tincture of cinchona with aromatics. Each bottle holds 6 fluid ounces, and each fluid ounce was found to contain 3.2 grains of amorphous cinchona alkaloids, 3 grains cinchonine, 0.9 cinchonidine, 0.8 quinine, and 1 grain quinidine.

BEGG'S FEVER AND AGUE PILLS.

Each pill contains one grain of quinia sulphate, one-half grain cinchona sulphate, rhubarb one grain, with a little flavoring. These pills are put up in a half-ounce plain flint vial; they are uncoated, 32 pills in a bottle, balance of space filled with powdered licorice root. A small slip with title, uses, and directions surrounds the

bottle, and a red lead wrapper, type set, surrounds the whole. This is an excellent ague cure. —(*New Idea.*)

FEBRILINE.

Dr. R. G. Eccles declares in the *Druggists' Circular*, May, 1889, that he has investigated a preparation sold under the name "Febriline or Tasteless Syrup of Amorphous Quinine (Lyons), "by the Paris Medicine Co., of Paris, Tenn., and finds that it contains no quinine at all. Instead of quinine, quinidine is used, another alkaloid of cinchona bark. Its lack of bitterness renders it convenient for administration to children, and its imperfect solubility is not disadvantageous when a slow or tonic action is alone required.

GADBERRY'S MIXTURE.

Gadberry's Mixture is used to a great extent in the Mississippi valley to control malaria.

℞ Liquor tersulphate iron.....3 dr.
 Liquor arseniate potash.....90 min.
 Saltpetre2 dr.
 Sulph. quinine.....2 dr.
 Water to make.....2 oz.

Mix. —(*Bulletin of Pharmacy.*)

HAMLET'S AGUE PILLS.

℞ Sulph. quinine2 dr.
 Powd. myrrh1 dr.
 Powd. capsicum1 dr.

Mix and make sixty pills.

KREYDER'S AGUE PILLS.

Sulph. quinia20 gr.
 Dover's powder10 gr.
 Sub. carb. iron.....10 gr.

Mix with mucilag of acacia and form twenty pills.
 Dose:—Two each hour, commencing five hours before the chill should set in. Then take one night and morning until all are taken.

OSGOOD'S CHOLAGOGUE, OR CELEBRATED AGUE CURE.

- ℞ Sulph. quinine 2 dr.
 Fluid ext. leptandra..... 2 dr.
 Saturated tinct. stillingia 4 oz.
 Fluid ext. podophyllin..... 3 dr.
 Oil of sassafras.....10 min.
 Oil of wintergreen.....10 min.
 New Orleans molasses sufficient to
 make 8 oz.

Mix. Dose:—One to two teaspoonfuls.

SMEDLEY'S FEVER POWDERS.

- ℞ Camphor gum $\frac{1}{2}$ oz.
 Gum myrrh $\frac{1}{2}$ oz.
 Blood-root 1 oz.
 Lobelia (seeds, pods, and leaves) 2 oz.
 All pulverized fine and well mixed.

For colds and to break a fever in its first stages, in powders of ordinary size. For catarrh in the head, use as a snuff.

INHALANTS.

ACTINA.

Prof. Flavel B. Tiffany, of the University Medical College, this city, says the extensively advertised "Actina" has this composition:

- ℞ Menthol crystals.....1 dr.
 Alcohol $\frac{1}{2}$ dr.
 Ether sulph.....1 dr.
 Oil mustard.....2 dr.
 Sponge sufficient to make.....1 oz.

CARBOLIC SMOKE BALLS.

Upon examination, made in our laboratory by H. W. Snow, it was found to consist of glycyrrhiza and flour

(identified by microscopical examination and physical properties) and one of the veratrums, probably white hellebore (identified by means of the alkaloid jervine, which was separated and identified). The smoky body is some tar product, not easy to say just which. It is this latter and the white hellebore which it contains that cause it to yield a temporary relief; permanent relief we do not believe can afford. No quantitative estimates were attempted.

—(*New Idea.*)

CARBOLATE OF IODINE INHALANT.

R	Compound tincture of iodine.....	180 min.
	Carbolic acid, No. 1.....	48 min.
	Glycerine	1 dr.
	Water	5 dr.

Mix and expose to the sunlight until the mixture is entirely colorless.

—(*National Druggist.*)

INJECTIONS.

BIG G INJECTION.

An examination made in our laboratory shows the presence of boric acid, or borax and berberine, the yellow alkaloid of hydrastis. No zinc sulphate or other astringent was found. No quantitative estimates were made.

GRIMAULT'S INJECTION OF MATICO.

A satisfactory and valuable substitute could be made by distilling about $\frac{1}{2}$ to 1 fluid drachm of fluid extract of eucalyptus globulus, with water sufficient to obtain 5 fluid ounces of distillate, and then in this dissolve 4 grains of sulphate of copper.

—(*New Idea.*)

INJECTION BROU.

A preparation which is substantially the same, may be made by the following formula :

R	Tinct. catechu (1 in 16).....	1 dr.
	Cocaine muriate	10 gr.
	Lead acetate	10 gr.
	Zinc. sulphate	10 gr.
	Water	6¾ oz.
	Alcohol	½ oz.

Dissolve the mineral salts each in ½ ounce of water and mix them. Dilute the tinct. catechu with 4 fluid ounces of water ; add the minerals and then the solution of cocaine muriate in an ounce of water ; lastly the alcohol and water to make 7½ fluid ounces. The color of Injection Brou may be fairly well simulated by using a small amount of magenta.

—(*New Idea.*)

LINIMENTS.

BAREEL'S INDIAN LINIMENT.

R	Tr. capsicum.....	1 dr.
	Oil origanum.....	½ oz.
	Oil sassafras.....	½ oz.
	Oil pennyroyal.....	½ oz.
	Oil hemlock.....	½ oz.
	Alcohol	1 qt.

Mix.

—(*New Idea.*)

BARKER'S BONE AND NERVE LINIMENT.

For man or beast.

R	Camphor	70 gr.
	Oil of tar.....	½ dr.
	Oil of thyme.....	1 dr.
	Oil of turpentine.....	2 dr.
	Franklin oil (black oil, lubricating oil)	
	sufficient to make.....	2 oz.

Mix.

—(*New Idea.*)

BRODIE'S LINIMENT.

- ℞ Sulphuric acid I dr.
 Olive oil..... I oz.
 Turpentine I oz.

Add the acid gradually to the oil, stirring in a mortar;
 afterward add the turpentine.

BRODIE'S LINIMENT FOR ASTHMA.

- ℞ Oil of stillingia..... 4 dr.
 Oil of cajeput..... 2 dr.
 Oil of lobelia..... I dr.
 Alcohol I oz.

Mix. Bathe the chest and throat three times a day.

CALIFORNIA LINIMENT.

- ℞ Tinct. myrrh..... I oz.
 Tinct. capsicum..... I oz.
 Sweet spirits nitre..... I oz.
 Sulph. ether..... I oz.
 Chloroform ½ oz.
 Tinct. arnica..... I oz.
 Oil spearmint..... 2 dr.
 Oil wintergreen..... 2 dr.
 Oil lobelia..... I dr.
 Aqua ammonia..... ½ oz.
 Alcohol I qt.

—(Kilmer.)

CENTAUR LINIMENT.

This widely advertised nostrum comes in two forms,
 "For Man" and for Beast."

For Man.

- ℞ Oil pennyroyal..... ½ oz.
 Oil thyme..... ¼ oz.
 Oil turpentine..... ¼ oz.
 Soap 130 gr.
 Caustic soda..... 10 gr.
 Water to make..... I pt.

For Beast.

R	Oil spearmint.....	1 dr.
	Oil mustard.....	15 min.
	Oil turpentine.....	¼ oz.
	Oil amber (crude).....	½ oz.
	Black oil.....	½ oz.
	Soap	130 gr.
	Caustic soda.....	10 gr.
	Water to make.....	1 pt.
Mix.		—(<i>New Idea.</i>)

COOK'S ELECTRO-MAGNETIC LINIMENT.

R	Alcohol	1 gal.
	Oil amber.....	8 oz.
	Gum camphor.....	8 oz.
	Castile soap (fine).....	2 oz.
	Beef's gall.....	4 oz.
	Aqua ammonia.....	12 oz.
Mix.		—(<i>Kilner.</i>)

CRAM'S FLUID LIGHTNING.

Mr. I. L. Fulton (*Western Druggist*) gives the following formula, which was represented to him as being the original from which Cram's Fluid Lightning is prepared:

R	Oil mustard.....	2 dr.
	Oil cajeput.....	2 dr.
	Oil cloves.....	2 dr.
	Sassafras	2 dr.
	Ether	1 oz.
	Tinct. opium.....	1½ oz.
	Alcohol	20 oz.
Mix and filter.		

DERBY'S LINIMENT.

R	Linseed oil.....	1 gal.
	Aqua ammonia.....	4 oz.
	Tinct. capsicum.....	1 oz.
	Oil origanum.....	1 oz.
Mix.		—(<i>Kilner.</i>)

ECLECTIC STILLINGIA LINIMENT FOR CROUP.

℞ Oil stillingia.....	8 dr.
Oil cajeput.....	4 dr.
Oil lobelia.....	2 dr.
Alcohol	16 dr.

Mix. In addition it is sometimes given internally in one-drop doses.

ELLIMAN'S ROYAL EMBROCATION.

℞ Oil turpentine.....	½ oz.
Oil thyme.....	⅓ oz.
Oil amber (crude).....	⅛ oz.
Soap	130 gr.
Caustic soda.....	10 gr.
Water sufficient.....	1 pt.

To be prepared in the same manner as Mexican Mustang Liniment. —(*New Idea.*)

GARGLING OIL.

℞ Crude petroleum.....	13 oz.
Ammonia water.....	6 oz.
Soft soap.....	16 oz.
Benzine	16 oz.
Crude oil amber.....	2 oz.
Tincture iodine.....	1 oz.
Water	5 pts.

Mix the petroleum and soap, add the ammonia water, oil of amber, and tincture of iodine, and mix thoroughly. Then add the benzine and finally the water.

—(*Salmon's Pharmaceutical Compendium.*)

GREEN WONDER OIL.

℞ Terebinth venet.....	4 oz.
Zinci sulphat.....	15 gr.
Cupri acetat.....	1½ oz.
Bals. Peru.....	1 dr.
Ol. olivae.....	1 lb.
Ol. lini.....	1 lb.

Boil the oils; when warm add the turpentine and zinc; when almost cold add the other ingredients and stir well. For scalds, burns, wounds, and piles.

GOMBAULT'S CAUSTIC BALSAM.

℞ Croton oil.....	4 dr.
Cotton-seed oil.....	2 oz.
Oil of camphor.....	1 dr.
Oil of turpentine.....	2 dr.
Oil of thyme.....	½ dr.
Kerosene	4 dr.
Sulphuric acid.....	20 min.

To the mixture of croton and cotton-seed oils add the sulphuric acid, stirring continually, then add the other constituents. After standing a few days it resembles the original preparation fairly well.

Mix.

—(*Western Druggist.*)

GUNN'S RHEUMATIC LINIMENT.

℞ Linseed oil.....	1 oz.
Oil cedar.....	1 oz.
Oil amber.....	1 oz.

Take gum camphor ½ ounce; rub in a mortar with alcohol or sulphuric ether till pulverized, and while still damp add

Olive oil.....	½ oz.
Turpentine	½ oz.
Laudanum	½ oz.

After which add the first three articles.

GOOD SAMARITAN LINIMENT.

℞ Oil of sassafras.....	1 oz.
Oil of hemlock.....	1 oz.
Spirits of turpentine.....	1 oz.
Tinct. of capsicum.....	1 oz.
Tinct. of opium.....	1 oz.
Tinct. of myrrh.....	4 oz.
Oil of origanum.....	2 oz.

Oil of wintergreen.....4 dr.
 Gum camphor:.....2 oz.
 Chloroform1½ oz.
 Alcohol4 pts.
 Mix. —(Kilner.)

GILE'S IODIDE OF AMMONIA LINIMENT.

℞ Iodine1 dr.
 Camphor1 oz.
 Oil of rosemary.....½ oz.
 Oil of lavender.....½ oz.
 Aqua ammonia.....4 oz.
 Alcohol2 pts.

Dissolve the iodine in the alcohol; add the camphor and then the oils; then add water of ammonia enough to remove the dark color of the mixture. —(Kilner.)

GENUINE WHITE OIL LINIMENT.

℞ Ammonia carbonate.....19 parts.
 Camphor20 parts.
 Oil turpentine.....21 parts.
 Oil organum.....20 parts.
 Castile soap.....19 parts.
 Water to make (by weight).....300 parts.

GREAT LONDON LINIMENT.

℞ Acetate of morphia.....10 gr.
 Chloroform1 oz.
 Olive oil.....1 oz.
 Water of ammonia.....1 oz.

HAMLIN'S WIZARD OIL.

℞ Alcohol1 pt.
 Gum camphor1 oz.
 Oil sassafras½ oz.
 Tinct. myrrh½ oz.
 Tinct. capsicum½ oz.
 Chloroform½ oz.

—(Dr. Douglas in Medical World.)

HARLEM OIL.

- ℞ Flowers of sulphur 2 oz.
 Linseed oil 1 lb.
 Oil of amber 2 oz.
 Oil of turpentine..... sufficient.

Boil the sulphur and linseed oil on a gentle fire until the sulphur is dissolved; then withdraw from the fire, and when the mixture has somewhat cooled, add the oil of amber and enough oil of turpentine to bring the preparation to the consistence of molasses.

—(*National Druggist.*)

HINKLEY'S BONE LINIMENT.

- ℞ Oil of wormwood..... 40 min.
 Oil of hémlock..... 2 dr.
 Oil of thyme..... 2 dr.
 Oil of turpentine 4 dr.
 Fl. ext. of capsicum..... 1 dr.
 Alcohol to make..... 4 oz.

KENDALL'S SPAVIN CURE.

The following formula makes a preparation substantially the same as the proprietary liniment:

- ℞ Turpentine 1 oz.
 Alcohol 2 oz.
 Camphor 240 gr.
 Iodine 25 gr.
 Petroleum oil (heavy)..... ½ dr.
 Oil of rosemary..... 1 dr.

In the mixed oils (without filtering) dissolve the camphor and the iodine.

—(*New Idea.*)

KICKAPOO INDIAN OIL.

- ℞ Camphor ½ oz.
 Oil turpentine 1 dr.
 Oil peppermint ½ dr.
 Oil wintergreen ½ dr.
 Tinct. capsicum ½ oz.
 Alcohol sufficient to make 1 pt.

Mix.

—(*New Idea.*)

KITCHELL'S LINIMENT.

- ℞ Water ammonia 1 part.
 Water 3 parts.
 Caramel q. s. color.
 Mix. —(*Western Druggist.*)

LAUBACH'S ECLECTIC LINIMENT.

- ℞ Oil of turpentine..... 60 parts.
 Tincture of arnica flowers..... 120 parts.
 Stronger water of ammonia..... 120 parts.
 Soap liniment 900 parts.
 Oil of sassafras..... 6 parts.
 Oil of thyme..... 2 parts.
 Alcohol 240 parts.

Total parts (by measure)..... 1448

—(*New Idea.*)

LINIMENT FOR MAN AND BEAST.

- ℞ Powdered myrrh 1 oz.
 Powdered aloes 1 oz.
 Balsam fir 1 oz.
 Alcohol 8 oz.
 Mix. —(*National Druggist.*)

LOW'S MAGNETIC LINIMENT.

The following formula furnishes a liniment nearly identical in contents, character, and color:

- ℞ Oil of turpentine 90 parts.
 Tinct. of capsicum..... 120 parts.
 Spirits of camphor..... 960 parts.
 Stronger water of ammonia..... 90 parts.
 Alcohol (sp. gr. 820)..... 180 parts.
 Oil of sassafras 6 parts.
 Fluid ext. of sassafras..... 40 parts.

Total (parts by weight)..... 1486

—(*New Idea.*)

MEXICAN MUSTANG LINIMENT.

℞	Oil turpentine	½ dr.
	Oil thyme	½ dr.
	Oil amber, crude.....	½ dr.
	Black oil	1 dr.
	Kerosene oil	3 dr.
	Water	3 oz. 2 dr.
	Soap	35 gr.
	Caustic potash	3 gr.

Mix.

—(*New Idea.*)

MILLER'S GOLDEN OIL.

According to *New Idea*, this consists mainly of:

℞	Essential oil of lavender.....	30 min.
	Essential oil of eucalyptus.....	20 min.
	Essential oil of sassafras.....	20 min.
	Oil of turpentine.....	1 min.
	Cotton-seed oil	7 dr.

OIL OF GLADNESS.

℞	Oil of marjoram.....	1 dr.
	Oil of peppermint.....	1 dr.
	Oil of horsemint.....	1 dr.
	Ether	2 dr.
	Tincture of capsicum.....	4 dr.
	Tincture of opium.....	1 dr.
	Tincture of red sanders.....	1 dr.
	Alcohol, sufficient quantity to make...	8 oz.

Mix.

—(*Druggists' Circular.*)

OIL OF JOY.

℞	Alcohol	4 pts.
	Gum camphor	½ oz.
	Oil of sassafras.....	1 oz.
	Oil of cedar.....	1 oz.
	Tinct. of guaic.....	1 oz.
	Tincture of capsicum.....	2 oz.
	Water of ammonia.....	4 oz.
	Chloroform	3 oz.

PERRY DAVIS' PAIN KILLER.

R	Gum myrrh	2¼ lb.
	Capsicum	10 oz.
	Gum opium	8 oz.
	Gum benzoin	6 oz.
	Gum guiac	3 oz.
	Gum camphor	10 oz.
	Alcohol	5 gal.

RADWAY'S READY RELIEF.

R	Soap liniment, about.....	1½ oz.
	Tinct. capsicum, about.....	½ oz.
	Water of ammonia, about.....	½ oz.
	Alcohol, about.....	½ oz.
Mix.	—(<i>J. J. Pierson, Ph. C.</i>)	

REAVE'S EMBROCATION.

R	Olive oil	1½ oz.
	Aq. ammonia	1 oz.
	Goulard's extract of lead.....	1 oz.
	Oil origanum	2 oz.

SEQUAH'S OIL.

A mixture of two-thirds Turpentine and one-third Fish Oil, scented with a few drops of Oil of Camphor.
—(*Stokes, in Hygiene.*)

ST. JACOB'S OIL.

R	Gum camphor	1 oz.
	Chloral hydrate	1 oz.
	Chloroform	1 oz.
	Sulp. ether	1 oz.
	Tinct. opium	½ oz.
	Oil origanum	½ oz.
	Oil sassafras	½ oz.
	Alcohol	½ gal.
Mix.	—(<i>Medical World.</i>)	

ST. JOHN LONG'S LINIMENT.

℞ Yolks of eggs.....	8
Oil turpentine	24 oz.
Acetic acid	16 oz.
Water	24 oz.
Mix.	—(<i>Philadelphia Medical Times.</i>)

J. L. ST. JOHN'S LINIMENT.

According to *Eclectic Medical Advocate*, this preparation is composed of:

℞ Turpentine	7 oz.
Sweet oil	3 oz.
Tinct. arnica	4 oz.
Oil origanum	1 oz.
Oil hemlock	1 oz.
Oil juniper	1 oz.
Oil amber	2 oz.
Laudanum	2 oz.
Spirits ammonia	½ oz.
Camphor	½ oz.

"THAT LINIMENT."

℞ Oil of turpentine	1 oz.
Oil of spike.....	1 oz.
Oil of origanum.....	1 oz.
Barbadoes tar	2 dr.
Spirits of camphor.....	½ dr.

THOMAS' ELECTRIC OIL.

℞ Gum camphor	4 dr.
Oil gaultheria	4 dr.
Oil origanum	4 dr.
Chloroform	1 oz.
Tinct. opium	1 oz.
Oil sassafras	1 oz.
Oil hemlock	1 oz.
Oil turpentine	1 oz.
Balsam fir	1 oz.

Tinct. guaiacum I oz.
 Tinct. catechu I oz.
 Alcohol 4 pt.
 Alkanet sufficient to color.
 Mix. —(*Medical World.*)

TOBIAS VENETIAN LINIMENT.

℞ Spirits of ammonia 5 parts.
 Tinct. of capsicum 5 parts.
 Camphor 2 parts.
 Alcohol 34 parts.
 Mix. —(*Hager.*)
 Water 10 parts.

TIP TOP.

℞ Calomel 60 gr.
 Tinct. iodine 1 oz.
 Oil sassafras 1 dr.
 Kerosene oil 3 oz.
 Mix. Shake well before using.

This preparation is "tip top" in some skin diseases, and does not belie its name. With a few drops of carbolic acid added, it will arrest or stop a spider or any other poisonous insect bite from assuming the erysipelatous or gangrenous form that we frequently see in course of the practice of medicine.

—(*Dr. Sturdivant in Medical Summary.*)

WILSON'S LIGHTNING LINIMENT.

℞ Oil of cedar 3 oz.
 Oil of sassafras 3 oz.
 Tinct. of opium 3 oz.
 Tinct. of guaiac 3 oz.
 Tinct. of capsicum 3 oz.
 Aqua ammonia 4 oz.
 Spirit of camphor 4 oz.
 Spirit of turpentine 4 oz.
 Chloroform 3 oz.
 Alcohol 1 gal.
 Mix. —(*Druggists' Circular.*)

WOLCOTT'S PAIN PAINT.

I have made an article closely resembling this, and answering the same purpose, by taking:

℞ Oil of peppermint.....1 to 2 dr.

Dried mint leaves, finely pulv....1 to 2 dr.

Moisten the leaves with the oil, enclose in lead wrappers (to prevent evaporation), leave enclosed a few days, then dissolve in four ounces of alcohol; add twelve ounces of water, shake and filter.

—(*Dr. Crull, in Medical World.*)

RHEUMATISM, GOUT AND KIDNEY CURES.

ATHLOPHOROS.

℞ Acetate of potash.....1 dr.

Salicylate of soda.....490 gr.

Sugar4 oz.

Caramel3 drops.

Water14 fl. oz.

Mix. —(*New Idea.*)

BLAIR'S GOUT AND RHEUMATIC PILLS.

Are composed of acetic extract of colchicum and extract of hyoscyamus. —(*New Idea.*)

CATANI'S SPECIFIC.

Catani's specific for uric acid is a mixture of:

℞ Carbonate of lithium.....1 part.

Carbonate of sodium.....2 parts.

Citrate of potassium.....4 parts.

All in powdered form. —(*Pharm. Post.*)

COBB'S PILLS.

℞ Extract of hyoscyamus.....½ dr.

Extract of conium.....½ dr.

Extract of colocynth.....11 gr.

Extract of nux vomica.....4 gr.

Mix. Divide into thirty pills.

HELMBOLD'S BUCHU.

℞ Short buchu	9 oz.
Uva ursi	4½ oz.
Licorice root	10 dr.

Macerate in 9 pints of boiling water, strain, and add:

Caramel .....	.2 oz.
Molasses .....	.8 oz.

Mix well, and add:

Fluid extract cubeb.....	5 oz.
Alcohol .....	.2 pt.
Oil peppermint	1 oz.
Water sufficient to make.....	12 pt.

—(*Lillard's Prac. Hints and Formulas.*)

LAVILLES' GOUT CURE.

This patent preparation is said to have the following composition:

℞ Quinine	7.7 gr.
Cinchonine	9.3 gr.
Colocynthin	3.8 gr.
Lime salts	7.6 gr.
Coloring matter	4.6 gr.
Alcohol	3½ dr.
Water	2½ dr.
Port wine	1234.0 dr.

Mix.

—(*National Druggist.*)

LEE'S GRAVEL REMEDY.

℞ Sapo. Venet	4 oz.
Sal. nitre pulv.....	4 oz.
Oil juniper	4 oz.
Gum arabic pulv.....	1 oz.
Sal. absynth	1 oz.

LEE'S LITHONTRIPTIC.

- R Powdered castile soap.....2 oz.
 Carbonate of potassium.....4 dr.
 Nitrate of potassium.....2 dr.
 Powdered gum arabic.....5 dr.
 Oil of juniper.....2 dr.
 Mix. —(*Druggists' Circular.*)

NUMBER THIRTEEN.

- R Ol. santal alb. opt..... 2 dr.
 Tinct. cubebs ½ oz.
 Spts. lavender comp..... ½ oz.
 Spt. nit. dulc..... ½ oz.
 Ol. cassia opt..... 15 min.
 Syr. acacia2½ oz.
 Mix. Dose:—A teaspoonful before meals.

WATT'S ANTI-RHEUMATIC PILLS.

Said to be as follows:

- R Powd. aloes 4 dr.
 Powd. gamboge 4 dr.
 Powd. hellebore 2 dr.
 Powd. guaic½ dr.
 Calomel½ dr.
 Precip. sulphide of antimony.....15 gr.
 Oil of cloves.....½ dr.
 Soap 1 dr.
 Sp. of camphor.....sufficient.

Mix. Make into five-grain pills.

WASHBURNE' SALICYLICA.

A preparation bearing a close resemblance to Salicylica may be made by the following simple prescription:

- R Salicylate of soda.....4 dr.
 Make 24 powders. —(*Druggists' Circular.*)

Simple syrup sufficient to make.... 1 pt.

Mix. One dessert-spoonful three or four times daily.
 —(*W. Crider, in Medical World.*)

WAYN'E DIURETIC ELIXIR.

R	Potass. acetate	3 oz.
	Fl. ext. buchu	3 oz.
	Fl. ext. juniper.....	1½ oz.

WARNER'S SAFE CURE.

In Germany each maker of patents must furnish the government with the formula for the patent he makes. This is the one furnished by Warner for "Safe, Kidney, and Liver Cure:"

R	Ext. of lycopus Virg. (the herb)....	308 gr.
	Ext. of hepatica (the herb).....	232 gr.
	Ext. of gaultheria.....	7½ gr.
	Potassium nitrate	39 gr.
	Alcohol (90 deg.).....	2½ oz.
	Glycerine	10 dr.
	Water sufficient to make.....	1 pt.

—(*Formulary and Druggists' Magazine.*)

OINTMENTS.

BECKER'S EYE SALVE.

R	Calmine	1½ dr.
	Tutty	1½ dr.
	Red oxide of mercury.....	.6 dr.
	Camphor in powder.....	1 dr.
	Almond oil.....	1 dr.
	White wax.....	1½ oz.
	Fresh butter.....	.8 oz.

Reduce the mineral substances to a very fine powder and incorporate with the oil, in which the camphor has been dissolved with the wax and butter, previously melted together. —(*Kilner's Modern Pharmacy.*)

BUCKLEN'S ARNICA SALVE.

℞ Extract arnica.....	1 oz.
Resin cerate.....	8 oz.
Vaseline	2 oz.
Raisins, seedless.....	8 oz.
Fine cut tobacco.....	½ oz.
Water	q. s.

Boil the raisins and tobacco in one pint of water until the strength is extracted; express the liquid and evaporate to four ounces. Soften the extract of arnica with a little hot water and mix the liquid with it; add this to the resin cerate and vaseline previously warmed, and mix thoroughly.

—(*Kilner's Modern Pharmacy.*)

CAZEAUX'S NIPPLE OINTMENT.

℞ White wax.....	4½ oz.
Oil sweet almonds.....	1 oz.
Clarified honey.....	½ oz.
Balsam Peru.....	2½ dr.

Mix.

—(*Kilner.*)

CUTICURA OINTMENT

The much advertised "Cuticura Ointment" has been found to consist of a base of petroleum jelly, colored green, perfumed with oil of bergamot and containing two per cent. of carbolic acid.

—(*Northwestern Lancet.*)

DESHLER'S SALVE.

℞ Resin	12 oz.
Suet	12 oz.
Yellow wax.....	12 oz.
Turpentine	6 oz.
Linseed oil.....	7 oz.

EGYPTIAN EYE SALVE.

℞ White rosin.....	6 dr.
Burgundy pitch.....	30 gr.
Beeswax	30 gr.
Mutton tallow.....	30 gr.
Venice turpentine.....	30 gr.
Balsam fir.....	30 gr.

Spread on thin leather or cloth and apply to affected part.

GREEN MOUNTAIN SALVE.

R	Resin	5 lb.
	Burgundy pitch.....	¼ lb.
	Beeswax	¼ lb.
	Mutton tallow.....	¼ lb.
	Oil of hemlock.....	1 oz.
	Balsam fir.....	1 oz.
	Oil origanum.....	1 oz.
	Oil of red cedar.....	1 oz.
	Venice turpentine.....	1 oz.
	Oil wormwood.....	½ oz.
	Verdigris (powdered).....	1 oz.

Melt the first articles together, and add the oils; having rubbed up the verdigris with a little oil, put it in with the other articles, stirring well; then put into cold water and work until cold enough to roll.

HARDY'S OINTMENT.

R	Beef tallow	17 dr.
	Castor oil	6 dr.
	Gallic acid	30 gr.
	Essence vanilla sufficient to flavor.	

HEISKELL'S TETTER OINTMENT.

Heiskell's Tetter Ointment, according to the *Western Druggist*, is said to be simply cerate of subacetate of lead.

HOLLOWAY'S OINTMENT.

The formula for this preparation is said to be:

R	Yellow wax	10 parts.
	White wax	10 parts.
	Turpentine	25 parts.
	Lard	50 parts.
	Sweet oil	75 parts.

MAYER'S OINTMENT.

R	Olive oil	2½ lb.
	White turpentine	½ lb.
	Beeswax	4 oz.
	Unsalted butter	4 oz.

Mix.

—(*Pharmaceutical Era.*)

MITCHELL'S EYE SALVE.

℞ Saxoline, snow white.....	350 gr.
White wax	130 gr.
Oxide of zinc.....	45 gr.
Oxide of mercury.....	5 gr.
Oil of lavender	10 min.

Melt the wax and saxoline together, and stir constantly while cooling. As soon as the mass begins to solidify incorporate the oxides and oil of lavender.

—(*New Idea.*)

PRICE'S PILE OINTMENT.

℞ English calomel	1 oz.
Powdered opium	½ oz.
Pure carbonate of lead.....	1 lb.
Oxide of zinc.....	1 lb.
Olive oil	2 lb.
Fresh lard (without salt).....	2 lb.

Mix by trituration in wedgewood mortar. It was put up in two-ounce gallipots, tied over with a bit of bladder, and was sold readily at \$1, the principal purchasers being river and flat-boat men.

PETTIT'S EYE SALVE.

The formula for this old and popular remedy is as follows:

℞ Olive oil	4 dr.
Spermaceti	1½ dr.
White wax	½ dr.

Melt together, and add gradually, under trituration in a warm mortar, to the following in fine powder, and thoroughly mix:

White precipitate	20 gr.
Oxide zinc	30 gr.
Acid benzoic	2 gr.
Morphine sulph.....	¾ gr.
Oil rosemary	½ gr.

Finally stir until cool, and preserve in a well covered vessel.

—(*Western Druggist.*)

RUSSIA SALVE.

A formula for a preparation said to resemble this preparation is given in the *Druggists' Circular*:

℞ White pine pitch.....	2 lb.
Beeswax	1 lb.

Temper it with olive oil to the proper consistence. The "pitch" and wax are, of course, to be melted before the "tempering" process begins.

SEELEY'S PILE OINTMENT.

℞ Sulph. morphia	3 gr.
Tannin	48 gr.
Pine tar	72 gr.
White wax	72 gr.
Benzoated lard	766 gr.

STRON'S ARNICA JELLY.

The following formula may be taken as one which will duplicate the proprietary article in all essential particulars:

℞ Glycerine	1 oz.
Water	1 oz.
Starch	120 gr.
Fl. ext. arnica.....	2 dr.
Sp. of bitter almonds (1 to 8).....	2 min.
Carbolic acid	8 min.

Mix. —(*New Idea.*)

SWAYNE'S OINTMENT.

Its composition appears to be precipitated sulphur, 2 parts; tallow, 3 parts; lard, 3 parts. It states on the label that this ointment cures tetter, itch, salt-rheum, scald-head, piles, ringworm, pimples, blotches, barber's itch, ulcers, and eruptions of the skin. —(*New Idea.*)

TRASK'S MAGNETIC OINTMENT.

℞ Lard	1 oz.
Raisins	1 oz.
Fine cut tobacco.....	1 oz.

Simmer well together. Then strain, and press out all from the drugs. "This is a splendid remedy in all skin diseases, as salt rheum, tetter, etc."

—(*Kilner.*)

WITCH-HAZEL OINTMENT.

℞ Tinct. hamamelis	12 dr.
Lanoleum	6 dr.
Petrolatum	16 oz.

Mix. Lanoleum is here used in place of the copy-righted term lanolin.

—(*Medical Standard.*)

RESTORATIVES.

AUGSBURG ESSENCE OF LIFE.

℞ Rad. rhei.....	1 oz.
Myrrhae	2 oz.
Rad. gentian.....	2 oz.
Croci opt.....	½ oz.
Camphor	½ oz.
Rad. zedoar.....	1 oz.
Rad. angelica.....	2½ oz.
Castor	½ oz.
Aloes, socot.....	2 oz.
Sp. vini. rect.....	2 pts.
Aqua	2 pts.

Mix. Digest five days and filter. Dose—Teaspoonful twice a day.

—(*Medical World.*)

AYER'S VITA NUOVA.

Dr. R. G. Eccles published in the *Druggists' Circular* a lengthy article on the Hubbard-Ayer preparations, and calls attention particularly to the presence of cocaine in the Vita Nuova. We have recently examined this preparation also and find it to contain notable quantities of cocaine easily detected by the organo-leptic test, and also about 19½ per cent., by volume, of alcohol.

—(*Boston Herald.*)

BOERHAVER'S BITTERS.

℞ Alcohol, 90 per cent.....	140 parts.
Sugar	76 parts.
Aloes	10 parts.
Cinnamon	23 parts.
Galangal	23 parts.
Zedoary	23 parts.
Angelica	23 parts.
Cloves	23 parts.
Gentian	23 parts.
Quassia, cut,.....	23 parts.
Water	200 parts.
Mix.	—(Hager.)

BROWN'S IRON BITTERS.

Are said to contain in each fluid drachm:

℞ Iron	1 gr.
Calisaya bark.....	2 gr.
Phosphorus	1-200 gr.
Coca	1 gr.
Viburnum prunifolium.....	1 gr.

ELIXIR THION COMPOUND.

℞ Powdered rhubarb.....	5 oz.
Powdered golden seal.....	5 oz.
Sodium hypophosphite.....	100 gr.
Sodium sulpho-carbolate.....	40 gr.
Alcohol	5 pts.
Water	40 pts.

Dissolve the salts in the water and alcohol and with this menstruum percolate the powdered rhubarb and golden seal. Flavor with peppermint.

—(Indiana Medical Journal.)

FELLOW'S HYPOPHOSPHITES.

℞ Glucose	1 lb.
Simple syrup.....	1 pt.
Hypophosphite calcium.....	128 gr.
Hypophosphite potassium.....	48 gr.
Sulphate iron.....	48 gr.

Sulphate magnese.....	32 gr.
Sulphate quinine.....	14 gr.
Sulphate strychnine.....	2 gr.
Water.....	q. s. ad. 2 pt.

Mix. —(*A. B. Lyons, Therapeutic Gazette.*)

HOP BITTERS.

The following is said to be the formula:

℞ Tinct. of hops.....	½ oz.
Tinct. of buchu.....	3 dr.
Tinct. of senega.....	3 dr.
Podophyllin (dis. in spts. of wine)....	10 gr.
Tinct. of cochineal	20 drops.
Distilled water sufficient to make....	1 pt.

Mix. —(*Medical World.*)

HOSTETTER'S BITTERS.

℞ Sugar	2 lb.
Calamus root	2 lb.
Orange peel	2 lb.
Peruvian bark	2 lb.
Gentian root	2 lb.
Columbo root	2 lb.
Rhubarb	8 oz.
Cinnamon	4 oz.
Cloves	2 oz.
Diluted alcohol	4 gal.

Mix. —(*The Medical Bulletin.*)

HARTER'S WILD CHERRY BITTERS.

℞ Wild cherry bark.....	8 oz.
Yellow cinchona bark.....	1 oz.
Orange peel	2 oz.
Cardamom seed	1 oz.
Asarum canadense	½ oz.
Alcohol dilute	6 pts.
Honey	1 pt.
Syrup	1 pt.

Percolate the drugs, in moderately fine powder, with the dilute alcohol, and when six pints are obtained add the honey and syrup.

KENNEDY'S MEDICAL DISCOVERY.

- ℞ Sneezewort 1 oz.
 Bitter root 4 dr.
 Mix and add:
 Boiling water 8 oz.
 Proof spirits 10 oz.
 Licorice root 4 dr.
 Macerate for 48 hours, then add:
 White sugar 4 oz.
 Tinct. gaultheria 1 oz.
 —(*King's American Dispensatory.*)

LALLEMAND'S SPECIFIC.

- ℞ Sulph. quinia 1 dr.
 Sulph. cinchona 1 dr.
 Ext. colocynth 4 dr.
 Wine colchicum seeds 8 oz.
 Tinct. verat. viride 1 oz.
 Dilute alcohol 8 oz.
 Sherry wine 31 oz.
 Mix. Dose:—One teaspoonful.
 —(*National Druggist.*)

MOXIE.

This "Moxie," despite the wonderful tale of its discovery, and although so "wholly unknown to botanists," is, we presume to say, a plant otherwise termed *avena sativa*. The great "Nerve Food" is a decoction of oats, made into a syrup and flavored with sassafras and wintergreen.
 —(*Western Druggist.*)

MURRAY'S INFALLIBLE SYSTEM TONIC,
M. I. S. T.

Our examination proved it to be:

- ℞ Aloes 50 gr.
 Cinnamon, pulv. 25 gr.
 Glycyrrhiza root, pulv. 25 gr.
 Water sufficient.

Make into a pill mass with a little water, and divide into 50 parts. Press into gelatine capsules for use.
 —(*New Idea.*)

McLEAN'S STRENGTHENING CORDIAL.

R	Gentian root	8 oz.
	Columbo root	8 oz.
	Orange peel	2 oz.
	Coriander seed	1 oz.
	Cardamom seed	½ oz.
	Serpentaria	1 oz.
	Whisky	7 pts.
	Glycerine	1 pt.

Grind the drugs to coarse powder, moisten with whisky, pack in the percolator, percolate with the whisky, forcing out the last with water, and in the percolate mix the glycerine.

NERVURA NERVE TONIC.

Smile-ax writes to the *Druggists' Circular* that he is informed from a reliable source that Dr. Green's Nervura so much advertised is composed about as follows:

R	Coca tincture	4 oz.
	Damiana tincture	4 oz.
	Calisaya tincture	4 oz.

While by no means a "wonderful discovery" still if made from the best materials it would afford a handsome profit to the manufacturer.

PAINE'S CELERY COMPOUND.

R	Celery seed	2 oz.
	Red cinchona	1 oz.
	Orange peel	¼ oz.
	Coriander seed	¼ oz.
	Lemon peel	¼ oz.
	Hydrochloric acid	15 drops.
	Alcohol	5 oz.
	Glycerine	3 oz.
	Water	4 oz.
	Syrup	4 oz.

Grind the solids to No. 40 powder, mix the acid and the water, add the glycerine and alcohol, and in the

menstruum so prepared macerate the powder for twenty-four hours; then percolate, adding enough water and alcohol in the proportion to make 12 fluid ounces. Finally add the syrup and if necessary, filter.

PERUNA.

℞	Copaiba	6 dr.
	Cubebs	2 dr.
	Calisaya bark, ground.....	2 oz.
	Stone root (Collinsonia) ground.....	2 oz.
	Corydalis (Turkey Corn) ground.....	2 oz.
	Deodorized alcohol	1 pt.

Add all the ingredients to the alcohol. Let stand one week. Shake the bottle frequently, and finally strain through several thicknesses of muslin, or filter through filtering paper, which may be obtained at any drug store.

PIERCE'S FAVORITE PRESCRIPTION.

℞	Savin	150 gr.
	Cinchona	150 gr.
	Agaric	75 gr.
	Cinnamon	75 gr.
	Water sufficient to make a decoction	
	of	8 oz.

To this add:

	Acacia	150 gr.
	Sugar	75 gr.
	Tinct. digitalis	½ dr.
	Opium	½ dr.
	Oil anise	8 min.

Dissolve the gum and sugar in the strained decoction, then add Alcohol, 2 fluid ounces, in which the oil has previously been dissolved.

—(Hager.)

PIERCE'S GOLDEN MEDICAL DISCOVERY.

℞ Fluid extract of cinchona.....	16 oz.
Fluid extract of columbo.....	4 oz.
Third extract of guaiacum.....	8 oz.
Fluid extract of licorice	4 oz.
Tincture of opium.....	1 oz.
Podophyllin (resinoid)	120 gr.
Glycerine	6 pt.
Alcohol	sufficient.

Dissolve the podophyllin in the alcohol, and add the rest of the ingredients. Mix them. Dose:—A teaspoonful.
—(*The Drug Mill.*)

SCOTCH OATS ESSENCE.

Recent analysis assert that a certain nostrum, "Scotch Oats Essence" widely advertised as a wonderful nerve tonic containing neither alcohol nor other harmful ingredients, is, in fact, loaded with 35 per cent. alcohol, and with two grains of morphine to each bottle.
—(*Western Druggist.*)

WALKER'S VEGETABLE VINEGAR BITTERS.

℞ Aloes Socotrin	2 dr.
Guaiaci Resinae	4 dr.
Sassafras Mucil	1 oz.
Aceti	2 dr.
Aquae	q. s.

Coque, et ft. dococtum, ad 19 ounces deinde cola, et addantur—

Sodii Sulphatis	1 oz.
Acaciae	2 dr.
Spt. Anisi, 10 p. c.....	2 dr.
Alcoholis	1 oz.
Mix. Dose:—Two teaspoonfuls.	—(<i>Eberbach.</i>)

WILLIAMS' PINK PILLS FOR PALE PEOPLE.

℞ Iron, pure sulphate of.....	½ oz.
Potash, carbonate of	140 oz.
Sugar	48 oz.

Tragacanth in fine powder..... 16 oz.
 Glycerine 10 drops.
 Water enough to make a mass.

Mix all thoroughly and divide into 150 pills. Coat with pink colored sugar.

STOMACH REMEDIES.

COE'S DYSPEPSIA CURE.

R Powdered rhubarb.....2 dr.
 Fluid ext. of gentian.....3 dr.
 Peppermint water.....7½ oz.
 Bicarbonate of sodium.....6 dr.

Mix. Dose:—A teaspoonful half an hour before meals.
 —(*The Drug Mill.*)

STUART'S DYSPEPSIA TABLETS.

Each tablet contains the following:

R Common baking soda..... 10 gr.
 Morphine1.10 gr.

GREEN'S AUGUST FLOWER.

R Rhubarb360 gr.
 Golden seal.....90 gr.
 Cape aloes.....16 gr.
 Peppermint leaves.....120 gr.
 Carb. of potash.....120 gr.
 Capsicum5 gr.
 Sugar5 oz.
 Alcohol3 oz.
 Water10 oz.
 Ess. of peppermint.....20 min.

Powder the drugs and macerate with the mixed alcohol and water for several days; filter and add enough alcohol to make the product measure one pint.

—(*New Idea.*)

RIPANS' STOMACHIC TABLETS.

These widely advertised Stomachic tablets are said to derive their name from the first letter of the name of the

ingredient they contain which spells R-I-P-A-N-S. Each tablet containing the following:

℞ Rhubarb powd.....	2 gr.
Ipecac powd.....	1-20 gr.
Peppermint	$\frac{1}{8}$ min.
Aloes	$\frac{1}{2}$ gr.
Nux vomica	$\frac{1}{8}$ gr.
Sodium bicarb	5 gr.

Dose:—One or two tablets after each meal.

The above combination offers a splendid tonic-digestant of known power and activity. The chief aim in dyspepsias is, not to perform the act that is lacking, but to stimulate the organs to perform this for themselves. Thus, this combination tends to stimulate all the secretions of the *prima vitæ* and enable each and every organ connected with the digestive and assimilative processes to functionate.

Where digestive ferments—pepsin and pancreatin and their derivatives—are employed, it is with the expectation that they will artificially and mechanically perform the offices that belong to the digestive organs, leaving the latter no labor but that of assimilation. The result is a putrefaction process that, theoretically, reduces proteids to an assimilable form. Stomachic Tablets, on the contrary stimulate the organs themselves to normal activity, whereby digestion becomes a physiological instead of forced and mechanical act, and ensures, with a reasonable degree of certainty, the desired assimilative function.

TOILET PREPARATIONS.

COKE'S DANDRUFF CURE.

This preparation is said to be a solution containing large quantities of resorcin, which renders it a valuable antiseptic in parasitic conditions of the scalp.

ELY'S CREAM BALM.

℞ Vaseline	1 oz.
Thymol	3 gr.
Carb. bismuth.....	15 gr.
Oil wintergreen.....	2 min.
Mix.	—(<i>Kilner's Modern Pharmacy.</i>)

ESPEY'S CREAM.

℞ Cydonium	1½ dr.
Ac. boric.....	4 gr.
Glycerine	2 oz.
Alcohol	3 oz.
Carbolic acid.....	10 gr.
Cologne water.....	2 dr.
Rose water.....	q. s. ad 1 pt.

Dissolve the boric acid in four ounces of rose water, macerate cydonium in solution for three hours, press through straining cloth, add glycerine, alcohol, cologne and sufficient rose water to make one pint. Lastly add the carbolic acid and shake well.—(*Druggist Circular.*)

FALKE'S SULPHOLINE CREAM.

℞ Very thick mucilage of quince	
seeds	300 parts.
Glycerine	40 parts.
Sulpho-carbolate of sodium.....	20 parts.
Mix.	—(<i>New Idea.</i>)

HELMBOLD'S JELLY OF GLYCERINE AND ROSES.

Our examination shows the following to be the formula for the above:

℞ Tragacanth	1 dr.
Triple ext. of rose.....	6 drops.
Glycerine	2 oz.
Water	4 oz.
	—(<i>New Idea.</i>)

HIND'S HONEY AND ALMOND CREAM.

According to Mr. Geo. H. Rose, this preparation may be practically duplicated by the following formula:

℞ Ointment of rose-water.....	5 parts.
Oil of sweet almonds	5 parts.
Glycerine	5 parts.
Boric acid	5 parts.

- Solution of soda, U. S. P..... 12 parts.
 Mucilage of quince seed (2 drs. to
 1 pt.)..... 25 parts.
 Water sufficient to make.....200 parts.
 Oil of bitter almond, and oil of rose, of each, sufficient
 to perfume.

LYON'S KATHAIRON.

The following formula will exactly duplicate the original:

- ℞ Castor oil 1 oz.
 Tinct. cantharides 1 dr.
 Oil of bergamot.....20 min.
 Stronger water of ammonia 1 min.
 Alcohol sufficient to make..... 3 oz.
 Mix. —(*New Idea.*)

PALMER'S COSMETIC LOTION.

It is said to be a weak (one per cent.) solution of sulpho-carbolate of zinc in glycerine and rose-water.

RECAMIER BALM.

- ℞ Zinc oxide 5 lbs.
 Glycerine 2 dr.
 Alcohol 2 oz.
 Mercuric chloride 4 oz.
 Distilled water64 qts.
 —(*Boston Herald.*)

RECAMIER CREAM.

- ℞ Rice flour 48 oz.
 Zinc oxide 60 oz.
 Glycerine640 oz.
 Cocoa butter 48 oz.
 Lard 48 oz.
 Mercuric chloride 4 oz.
 Make 32 pints. —(*Boston Herald.*)

SKINNER'S DANDRUFF MIXTURE.

- ℞ Chloral hydrate 1 part.
 Glycerine 4 parts.
 Bay rum16 parts.
 Mix. —(*National Druggist.*)

VERMIFUGES.

BROWN'S MALE-FERN VERMIFUGE.

- ℞ Fl. ext. male fern.....3 oz.
 Oil wintergreen.....1 min.
 Simple syrup.....5 oz.
 Mix. —(*New Idea.*)

FAHNESTOCK'S VERMIFUGE.

- ℞ Castor oil.....48 parts.
 Oil worm-seed.....48 parts.
 Oil anise.....24 parts.
 Oil turpentine.....1 part.
 Tinct. myrrh.....3 parts.
 Mix. —(*National Druggist.*)

FREEMAN'S VERMIFUGE OIL.

- ℞ Oil of worm-seed..... $\frac{1}{2}$ oz.
 Oil of turpentine.....2 dr.
 Castor oil.....1 $\frac{1}{2}$ oz.
 Pink root..... $\frac{1}{2}$ oz.
 Hydrastin10 gr.
 Syrup of peppermint..... $\frac{1}{2}$ oz.

Dose for a child 10 years old, a teaspoonful three times a day, one hour after each meal. If it purges too freely, give it less often.

KENNKLE'S VEGETABLE WORM SYRUP.

According to our examination each bottle contains:

- ℞ Santonine27 gr.
 Oil sassafras1 min.
 Alcohol2 oz.
 Fl. ext. pink-root.....2 oz.
 Fl. ext. dandelion..... $\frac{1}{2}$ oz.
 Fl. ext. golden seal..... $\frac{1}{4}$ oz.
 Molasses $\frac{1}{2}$ oz.

The santonine in a finely triturated condition.

—(*New Idea.*)

PATTERSON'S EMULSION OF PUMPKIN SEEDS.

Patterson's Emulsion of Pumpkin Seeds is said to be a good emulsion for expelling tapeworms.

Take two ounces of pumpkin seeds, peel and pound to a paste with sugar, then add by degrees eight fluid ounces of water, the whole to be taken in two or three draughts at short intervals.

PROCTOR'S VERMIFUGE.

- ℞ Santonine 16 gr.
 Fluid ext. of senna..... 2 oz.
 Fluid ext. of pink-root..... 2 oz.

Dose for a child two years old, one teaspoonful night and morning until purging takes place. Used to expel stomach worms from children.

SWAIM'S VERMIFUGE.

- ℞ Worm-seed 2 oz.
 Valerian 1½ oz.
 Rhubarb 1½ oz.
 Pink-root 1½ oz.
 White agaric 1½ oz.

Boil in sufficient water to yield 3 quarts of decoction, and add the following oils dissolved in a quart of rectified spirits:

- Oil of tansy 30 drops.
 Oil of cloves..... 45 drops.

MISCELLANEOUS NOSTRUMS.

ARABIAN BALSAM.

- ℞ Oleum gossypium..... 15 oz.
 Oleum origani..... 1 oz.
 Oleum terebinth..... 4 dr.
 Mix. —(S. W. Rogers.)

ASEPTIN.

- ℞ Borax 2 parts.
 Alum 1 part.
 Mix. —(National Druggist.)

ATKINSON'S INFANT PRESERVATIVE.

- R Carbonate magnesia.....6 dr.
 White sugar.....2½ oz.
 Oil anise.....20 drops.
 Comp. spirits ammonia.....2½ dr.
 Rectified spirits.....2½ dr.
 Tinct. opium.....1 dr.
 Syrup saffron.....1 oz.
 Caraway water enough to make.....1 pint.

Mix. Used as an antacid, anodyne and hypnotic.

—(*Pharm. Record.*)

BENSON'S SKIN CURE.

This secret nostrum consists of two preparations, one for internal use and one for external application.

A—Internal.—It consists, according to our examination, of clover blossoms 720 grains, yellow-dock root 90 grains, gentian root 120 grains, boiled (one hour) with one pint of water. Cool, transfer to a closed vessel, and add one ounce of alcohol in which has previously been dissolved oil of rosemary, oil of thyme each one minim; let it stand over night, strain next morning; make up to one pint with water sufficient.

B—External Application.—This solution consists, according to our examination, of acetate of lead 2 grains, acetate of copper 1 grain, acetate of zinc 15 grains, benzoated water 12 fluid ounces; mix. The benzoated water is readily prepared by agitating half an ounce of tincture of benzoin with 12 ounces of warm water, allowing it to cool and settle; then filter. It is warranted to cure all the skin diseases described in the medical dictionaries.

—(*New Idea.*)

BRUNELLI PROCESS OF EMBALMING.

The circulatory system is cleansed by washing with cold water until it issues quite clear from the body. This may occupy from two to five hours. Alcohol is injected so as to take out as much water as possible. This

occupies about a quarter of an hour. Ether is then injected to abstract the fatty matter. This occupies from two to ten hours. A strong solution of tannin is then injected. This occupies for imbibition from two to ten hours. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy from two to five hours. The body is then preserved and resists decay.

BROMO-CHLORALUM.

Kilner gives the following:

℞ Alum, coarse powder.....	1 lb.
Boiling water.....	2 pts.
Aqua ammonia.....	q. s.
Muriatic acid.....	q. s.
Bromine	½ oz.
Water	q. s. ½ gal.

BARNE'S FROST BALSAM.

℞ Copaiba	½ oz.
Oil turpentine.....	½ oz.

CASTORIA.

The following formula, from the *Indiana Pharmacist*, is given as approximating this preparation:

℞ Senna	4 dr.
Manna	1 oz.
Rochelle salts.....	1 oz.
Fennel, bruised.....	1½ dr.
Boiling water.....	8 oz.
Sugar	8 oz.
Oil of wintergreen.....	q. s.

Pour the water on the ingredients. Cover and macerate until cool; strain and add the sugar, dissolve by agitation and add oil of wintergreen to flavor.

CHLORALUM.

℞ Aluminum chloride.....	20 oz.
Sulphate of lime.....	⅓ oz. per gal.
Mix.	—(New Idea.)

ELEPIZONE.

- ℞ Magnesii bromidi 3 dr.
 Sodii bromidi..... 3 dr.
 Aquae 1½ oz.
 Ol. cassiae..... 2 min.
 Syr. simplex sufficient to make..... 4 oz.
 Ammonical sol. carmine to color. —(*New Idea.*)

FROSTILLA.

- ℞ Quince seeds..... 60 gr.
 Hot water..... 21 oz.
 Glycerine 6 oz.
 Deodorized alcohol..... 5 oz.
 Mix. —(*Druggists' Circular.*)

GRAY'S SPECIFIC PILLS.

- ℞ Asafoetida 2 gr.
 Camphor 1 gr.
 Lupuline ⅛ gr.

The specific action is in the direction of an aphrodisiac.
 —(*Western Druggist.*)

HAINES' GOLDEN SPECIFIC FOR OPIUM HABIT.

- ℞ Bayberry-root bark, powdered..... 16 oz.
 Ginger, powdered 8 oz.
 Capsicum, powdered 1 oz.
 Mix. —(*Western Druggist.*)

HAMBURG BREAST TEA.

It is said that a preparation similar to this may be made by mixing:

- ℞ Marshmallow flowers 8 oz.
 Licorice root 3 oz.
 Orris root 1 oz.
 Coltsfoot 4 oz.
 Mullein flowers 2 oz.
 Anise seed 2 oz.

HAMBURG DROPS.

- ℞ Powdered socotrine-aloes 1½ oz.
 American saffron ½ oz.
 Tincture of myrrh 16 oz.
 Macerate for fourteen days and filter through paper.

HUNTER'S RED DROPS.

- ℞ Corrosive sublimate 10 gr.
 Muriatic acid 12 drops.
 Rub in a glass mortar and gradually add:
 Compound spirits of lavender 1 oz.
 Dose:—Five to twenty drops in wine, or spirits and water. A powerful alterative in syphilitic diseases.

KING'S ROYAL GERMETEUR.

- ℞ Sulphuric acid 2 oz.
 Water (saturated with sulphureted hydrogen) 1 oz.
 Hydrant or well water to make 1 gal.
 Mix. —(*Dixie Doctor.*)

LAVARRE'S SURE CURE.

- ℞ Fl. ext. poke berries 80 min.
 Fl. ext. sassafras 40 min.
 Liquid ammonia, caustic 5 min.
 Sodium bromide 20 gr.
 Alcohol ½ oz.
 Oil of peppermint 1 min.
 Powdered cochineal 4 gr.
 White sugar 3 dr.
 Water (enough to make) 4 oz.
 Mix. —(*New Idea.*)

LIQUID CARBONIS DETERGENS.

- ℞ Quillaya saponaria (soap bark) 4 lb.
 Alcohol (65 per cent.) 2 gal.
 Macerate and filter:
 Tinct. (as above) 100 parts.
 Coal tar 50 parts.
 Mix. After eight days, filter. Used externally in skin diseases.

LOWNDES' MAGIC CREAM.

- ℞ Hydrarg. ammoniat 1 part.
 Zinc oxide 3 parts.

Must be thoroughly incorporated in powder; sufficient glycerine and lard then added to make a stiff cream. For application to venereal ulcers.

LYDIA PINKHAM'S VEGETABLE COMPOUND.

- ℞ Cramp bark 4 oz.
 Partridge berry vine..... 4 oz.
 Poplar bark 2 oz.
 Unicorn root 2 oz.
 Cassia 2 oz.
 Beth root 1½ oz.
 Sugar 1½ lb.
 Alcohol 1 pt.
 Water, a sufficient quantity.

The drugs should all be reduced to a moderately coarse powder; pour on boiling water, let stand until cold, then percolate with water until the percolate measures one pint, add the sugar, bring to a boil, remove from the fire, and when cold add the alcohol and strain.
 three or four times a day.

Dose:—One or two teaspoonfuls of this may be taken

METZ'S BALSAM.

Metz's Balsam which is quite popular in some sections of the country, it is said is prepared as follows:

- ℞ Linseed oil 180 parts.
 Olive oil 180 parts.
 Oil of laurel berries..... 30 parts.
 Turpentine (oleo-resin) 60 parts.

Melt by a gentle heat and add:

- Powdered aloes 8 parts.
 Powdered verdigris 12 parts.
 Powdered white vitrol..... 6 parts.

Pour into a bottle and add:

- Oil of juniper..... 15 parts.
 Oil of cloves,..... 4 parts.

Mix by shaking. It is used as a dressing for ulcers, boils, wounds, etc.
 —(*National Druggist.*)

MOTHER SIEGEL'S SYRUP.

R	Conc. decoction of aloes (1 to 4).....	60 min.
	Borax	1.3 gm.
	Capsicum, powdered	0.13 gm.
	Gentian, powdered	2.3 gm.
	Sassafras oil	0.3 gm.
	Wintergreen oil	0.12 gm.
	Rectified spirits	7.5 gm.
	Fluid extract dandelion.....	7.5 gm.
	Syrup	125 gm.

PHENOL SODIQUE.

R	Carbolic acid	188 gr.
	Caustic soda	31 gr.
	Distilled water	4 oz.

PLEIS' FIT POWDERS.

R	Bromide of potassium.....	15 gr.
	Powdered gentian	5 gr.
	Mix. Make one powder.	—(<i>The Drug Mill.</i>)

PLATT'S CHLORIDES.

Platt's Chlorides we found to be approximately as follows:

R	Magnesium chloride	1½ parts.
	Potassium chloride	1½ parts.
	Sodium chloride	1½ parts.
	Zinc chloride	7½ parts.
	Aluminum chloride	7½ parts.
	Water, sufficient quantity.....	100 parts.
	Mix.	—(<i>New Idea.</i>)

RADAM'S MICROBE KILLER.

Dr. R. G. Eccles, in the *Druggists' Circular*, gives the following formula for the preparation:

R	Sulphuric acid (strong).....	4 dr.
	Hydrochloric acid	1 dr.
	Red wine (about).....	1 oz.
	Well water	1 gal.

REX MAGNUS.

According to *Science*, the composition is roughly indicated by the following formula:

℞ Boric acid	33½ per cent.
Borax	33½ per cent.
Chloride of potassium.....	15 per cent.
Water	18 per cent.

REVALENTA ARABICA FOOD.

Consists solely of Lentils ground up into a fine powder.

—(*Stokes, in Hygiene.*)

ROCHE'S HERBAL EMBROCATION.

℞ Digest asafoetida	2½ parts.
with	
Olive oil	60 parts.
for some hours; decant and mix	
the solution with—	
Oil caraway	2 parts.
Oil turpentine	2 parts.
And add a few drops of oil gaultheria.	

—(*Western Druggist.*)

SEA-SHORE DIPHTHERIA AND SORE THROAT SPECIFIC.

The following formula will make a preparation practically identical with the original:

℞ Sol. of chloride of iron.....	18 min.
Zinc chloride	2 'gr.
Magnesia chloride	2 gr.
Sodium chloride	4 gr.
Chlorate of potassium.....	6 gr.
Water	2 oz.

Mix.

—(*New Idea.*)

SEVEN BARKS.

℞ Extract of hydrangea.....	1 lb.
Extract of poke root.....	12 lb.
Extract of Culver's root.....	12 lb.
Extract of dandelion.....	12 lb.

Extract of lady-slipper.....	12 lb.
Extract of colocynth.....	12 lb.
Extract of bloodroot.....	6 lb.
Extract of blue flag.....	6 lb.
Extract of stone-root.....	6¾ lb.
Extract of golden seal.....	7½ lb.
Extract of mandrake.....	24 lb.
Extract of black cohosh.....	24 lb.
Extract of butternut.....	48 lb.
Spirits of sea salt.....	14½ lb.
Aloes	10 lb.
Borate of sodium.....	15 lb.
Infusion of capsicum.....	4½ lb.
Powdered sassafras	11 lb.
Ginger	6 lb.
Sugar-house syrup	40 gal.
Water, sufficient to make.....	98 gal.

Mix. —(*E. H. Greeley, in National Druggist.*)

SEQUAH'S PRAIRIE FLOWER.

Has to the ounce—

℞ Aloes	52½ gr.
Carbonate of soda	17½ gr.
Water	362½ gr.

And a few drops of the Tincture of Capsicum and Myrrh.

—(*Stokes, in Hygiene.*)

SIROP GIBERT.

Is a favorite French anti-syphilitic remedy, and has the following composition:

℞ Biniodide of mercury.....	2 gr.
Iodide of potassium.....	100 gr.
Simple syrup	6 oz.

Mix. Dose:—Two teaspoonfuls given after meals, three times a day.

TAMAR INDIEN.

R	Tamarind pulp	450 parts.
	Powd. sugar	40 parts.
	Powd. sugar of milk.....	60 parts.
	Glycerine	50 parts.

Mix and evaporate to the consistency of a soft extract.
then add—

	Powd. anise	10 parts.
	Essence lemon	3 parts.
	Tartaric acid	3 parts.

Mix and divide into 100 boluses and roll in the following
mixture—

	Cream of tartar.....	5 parts.
	White sugar	35 parts.
	Sugar of milk.....	35 parts.
	Tragacanth	2 parts.
	Tartaric acid	2 parts.
	Powd. red sandal.....	25 parts.

Dry and put up in tin foil. —(*American Druggist.*)

TRAFTON'S BALM OF LIFE.

R	Iodide of potassium.....	80 parts.
	Fl. ext. of opium.....	20 parts.
	Fl. ext. of senega.....	50 parts.
	Fl. ext. of squills.....	120 parts.
	Alcohol	240 parts.
	Water enough to make, by measure	1920 parts.
	Filter.	—(<i>New Idea.</i>)

TOLU, ROCK, AND RYE.

R	Good whisky	1 gal.
	Rock candy	4 lb.
	Balsam tolu	2 oz.

Put the whole into a two-gallon jug. Set in a warm
place and agitate several times a day until the candy is dis-
solved. Then strain through muslin.

WOOLFORD'S SANITARY LOTION.

A preparation which is substantially the same in every respect may be made from the following formula:

R	Sodium hydrate	3 dr.
	Sulphur	5 dr.
	Water to make.....	1 pt.

Dissolve the sodium hydrate in 4 or 5 ounces of water and add sulphur, and boil until the preparation assumes a reddish-brown color, which will require probably 15 or 20 minutes. It may now be diluted to one pint and sulphureted hydrogen passed through it for a few minutes, and then filtered.

—(*New Idea.*)

YELLOW FAMILY DROPS.

R	Opium	2 oz.
	Sapo venet	1 lb.
	Croci opt.....	2½ oz.
	Sp. rosmarini	2 lb.

Mix. Digest for a week and add—

	Ol. rosmarini	2 oz.
	Ol. origani	2 oz.
	Camphor	2 oz.

Mix well.

For spirit rosmarini, take—

	Rosmarini	3 oz.
	Alcohol, sufficient to make.....	2 lb.

The above, with the Augsburg Essence of Life and Green Wonder Oil, are famous old formulæ used for a century and longer in Pennsylvania. They came to me by chance in a curious old book of prescriptions, which belonged to one of the Fahnestock family. The Yellow Family Drops are still used to break up colds, and are an efficient remedy.

—(*Prof. Waugh, in Medical World.*)

INDEX.

PAGE.	PAGE.
Acetanilid in Nostrums.....222	BEAUTY Specialist—Continued.
Actina.....256	Restoring the Hair.....139
Advertising.....5	Shampooing the Hair.....138
Albadermine.....145	Face Bleaches.....133
ALCOHOL and Drug Habit Spec-	Rejuvenating Treatment.....133
ialist.....26	Steaming Treatment.....133
Alcoholism, Treatment For....29	Plaster Treatment.....134
Dr. Gray's Treatment For....60	Tan and Freckle Treatment..144
Dr. Keeley's Treatment For	Becker's Eye Salve.....273
Alcoholism, Alcoholic Gastrit-	Beggs' Ague Pills.....254
is, Neurasthenia, and Tobac-	Benson's Skin Cure.....291
co Habit.....56	Big G Injection.....257
Triumph Cure for Alcoholism,	Blair's Gout Pills.....270
Morphine, Cocaine, Chloral,	Boerhaver's Bitters.....279
and Tobacco Habit.....45	Bordet's Hair Tonic.....140
Drug Addiction, Treatment For 35	Boschee's German Syrup.....244
Gradual Reduction Method....35	Brady croton.....228
Three Day Cure.....39	Brandreth's Pills.....231
Allen's Lung Balsam.....243	Brodie's Asthma Liniment.....259
Alternatives.....225	Brodie's Liniment.....259
Allen's Hair Restorer.....140	Bromidia.....221
Ammonol.....222	Bromo-Chloralum.....292
Amick's Consumption Cure.....243	Bronchillin.....244
Anaesthetine.....171	Brown's Bronchial Troches.....244
Anaestheto Obtundent.....173	Brown's Dentifrice.....176
Antikamnia.....222	Brown's Iron Bitters.....279
Anodynes.....222, 228	Brown's Male-Fern Vermifuge..289
Antikol.....223	Brunelli's Process of Embalm-
Antinervin.....223	ing.....291
Anti-Fat.....17	Buckler's Croup Mixture.....245
Aperients.....231	Bucklin's Arnica Salve.....274
Arabian Balsam.....290	Bull's Blood Syrup.....225
Arophene.....174	Bull's Cough Syrup.....245
Asthma Remedies.....13, 236	
Aseptin.....290	Calder's Dentine.....176
Athiophoros.....270	California Liniment.....259
Atkinson's Infant Preservative. 291	Cascarets.....16
Augsburg's Essence of Life....278	CANCER Specialist.....61
Auricome.....137	Bougard's Paste.....75
Ayer's Ague Cure.....254	Caustic Remedies.....70
Ayer's Pills.....231	Cerny and Trunecek's Treat-
Ayer's Hair Vigor.....139	ment.....75
Ayer's Sarsaparilla.....225	Cosme's Paste.....75
Ayer's Vita Nuova.....278	Colloma.....67
	Davisson's Cancer Remedy....76
Barcel's Indian Liniment.....258	Encephaloma.....65
Barker's Nerve and Bone Lini-	Epithelioma.....66
ment.....258	Esmarck's Paste.....79
Barnes' Frost Balsam.....292	Fell's Paste.....77
Bateman's Pectoral Drops.....244	Fuschius Paste.....79
Barr's Anaesthetic.....173	Guy's Arcanum.....79
BEAUTY Specialist.....132	Hebra's Paste.....79
Treatment For Bust Develop-	Howard's Cancer Clay.....78
ment.....141	Hue's Treatment.....76
Bleaching the Hair.....137	Internal Treatment.....70
Dying the Hair.....135	Kline's Paste.....77
Ecchymosis.....149	Landolf's Paste.....74
Removing Superfluous Hair...138	Lassar's Paste.....80

INDEX.

303

	PAGE.		PAGE.
Hamburg Tea	293	Laubach's Eclectic Liniment.....	265
Hamburg Drops	294	Lavarre's Cure	294
Hair Shampoo	138	Laville's Gout Cure.....	271
Hamlet's Ague Pills.....	255	Lee's Anti-Billious Pills.....	233
Hamlin's Wizard Oil.....	263	Lee's Gravel Remedy.....	271
Hanson's Corn Cure.....	242	Lee's Lithontriptic.....	272
Hardy's Ointment	275	Liebig's Corn Cure.....	242
Harlem, Oil	264	Lindsey's Pain Cure.....	238
Harter's Bitters	280	Liniments	258
Hartley's Cure	212	Liniment for Man or Beast.....	265
Heart Disease	15	Liquor Carbonis Detergens.....	294
Heiskell's Ointment	275	Little Hop Pills	234
Helmbold's Buchu	271	Local Anaesthetics	169
Helmbold's Jelly	287	Local Advertising Specialist.....	8
HERNIA Specialist	99	Locock's Pulmonic Wafers.....	249
Application of Trusses	100	Lowndes Magic Cream.....	295
Excelsior Hernia Aid.....	102	Low's Magnetic Liniment.....	265
Field's Fluid	106	Lydia Pinkham's Comp.....	295
Fidelity Fluid	108	Lyon's Kathalron	288
Heaton's Fluid	106		
Hypodermic Treatment	101	McLean's Strengthening Cordial.....	282
Miller Treatment	108	Madam Ruppert's Face Bleach.....	146
Method of Injecting	102	Magnetic Healing	191
Provost's Fluid	107	Mail Order Specialist.....	11
Saunders's Fluid	107	Malvina Cream	148
Testing the Cure	106	Malvina Lotion.....	148
Walling's Fluid	107	Marshall's Pills	234
Himrod's Asthma Cure.....	236	Mayer's Ointment	275
Hinds Cream	287	Mesmerism	182
Hinkley's Liniment	264	Melbom's Balsam.....	249
Holloway's Ointment	275	Metz's Balsam	295
Holloway's Pills	233	Mexican Mustang Liniment.....	266
Holmes' Liver Pills.....	233	Micajah's Uterine Wafers.....	128
Hop Bitters	280	Miller's Golden Oil.....	266
Hostetter's Bitters	280	Miscellaneous Nostrums	290
Hunter's Red Drops.....	294	Mitchell's Eye Salve.....	276
Hunyadi Janos Water.....	233	Morrison's Pills	234
HYPNOTIC Specialist	181	Morehead's Magnetic Plaster.....	242
Hypnotism	181	Mother Siegel's Syrup.....	296
As a Therapeutic Agent.....	188	Mountain Rose.....	128
Awakening from	188	Moxie	281
History of Hypnotism.....	182	Murray's System Tonic	281
Methods of Inducing.....	184		
Simple Suggestion	190	Nervura	282
Things that Prevent.....	187	Nostrum Specialist	211
		Number Thirteen	272
Imperial Tooth Powder.....	179		
Inhalents	256	Obesity	17
Injections	257	Observing Specialist	17
Injection Brou.....	258	Obtundent System of Dentistry.....	150
Itinerant Specialist.....	7	Oculline	264
		Odontunder	170
Jackson's Cough Syrup.....	248	Odontodol	172
Jayne's Alternative	227	Odolaine	173
Jayne's Expectorant	248	Oil of Gladness.....	266
Jessop's Anaesthetic	172	Oil of Joy.....	266
		Ointments	273
Keating's Cough Lozenges.....	248	Office Specialist	22
Kellogg's Red Drops.....	238	Operating Table	24
Kendall's Spavin Cure.....	264	Orange Blossom	128
Kennedy's Discovery	281	Osgood's Chologogue.....	256
Kennie's Worm Syrup.....	289	Ozone Uterine Wafers.....	128
Kephalgine	229		
Kickapoo Oil	264	Painless Dentistry	150
King's Discovery	248	Paine's Celery Comp.....	282
King's Germateur	294	Palmer's Cosmetic Lotion.....	288
Kitchell's Liniment	265	Parson's Anaesthetic	171
Kline's Nerve Restorer.....	229	Parson's Purgative Pills.....	234
Kohler's Corn Cure.....	242	Pasteur's Treatment for Hydro- phobia	204
Kryder's Ague Pills.....	255	Patterson's Emulsion	290
		Peekskill's Cough Syrup.....	250
Lac Virginis	147	Perry's Sarsaparilla	227
Lallemand's Specific	281	Perry Davis' Pain Killer.....	267
Langel's Asthma Remedy.....	237	Pitt's Eye Salve.....	276

Peruna

283

	PAGE.		PAGE.
Phenol Sodique	296	Sequah's Oil	287
Phenold	223	Seven Seals	239
Pierce's Favorite Prescription	283	Sequah's Prairie Flower	238
Pierce's Golden Medical Discover- ery	284	Seven Southerland Sisters' Hair Grower	141
Piso's Consumption Cure	250	Shiloh's Consumption Cure	262
Platt's Chlorides	236	Slocum's Consumption Cure	14
Pleis' Fit Powders	236	Silver Hair Dyes	136
Pope's Cure for Neuralgia	229	Simmon's Liver Regulator	235
Powell's Balm	230	Sirop Gibert	298
Price's Pile Ointment	276	Skin Treatment	144
Proctor's Vermifuge	290	Skinner's Dandruff Cure	288
Quick Stop for Headache	230	Smedley's Fever Powders	256
Radam's Microbe Killer	296	Smith Bros.' Cough Drops	252
Radway's Pills	234	Stammering Specialist	206
Radway's Relief	287	Steedman's Soothing Powders	231
Radway's Resolvent	227	St. Jacob's Oil	267
Ransom's Hive Syrup	250	St. John's Liniment	268
Reave's Embrocation	267	St. John Long's Liniment	268
RECTAL Specialist	81	Stokes' Expectoant	252
Allingham's Ligature Opera- tion	81	Stomach Remedies	15, 285
Brinkerhoff's Fluid	97	Stron's Arnica Jelly	277
Diagnosis of Rectal Diseases	83	Succus Alterans	118
Fistula	91	Sykes' Catarrh Cure	241
Fissure	93	Syrup of Figs	235
Green's Treatment	98	Syrup Stillingia Com.	228
Hemorrhoids	85	S. S. S.	118
Hoyt's Formula	98	Specialist	5
Injection Treatment	86	Special Disease Specialist	10
Overall's Formula	97	Spermatorrhoea Ring	114
Polypus	96	Swalm's Vermifuge	290
Powell's Formula	97	Swayne's Ointment	277
Prolapsus	95	Tamar Indlen	299
Pruritus	96	Tanno-Quinine Hair Restorer	139
Rectal Ulcers	94	Tape-Worm Specialist	202
Rorick's Formula	98	Tarrant's Seltzer Aperient	235
Shuford's Formula	98	That Liniment	268
Smith's Formula	98	Thielman's Cholera Mixture	240
Recamier Balm	288	Thomas' Electric Oil	268
Recamier Cream	288	Thompson's Eye Water	254
Red Star Cough Cure	251	Thorn's Cough Mixture	252
Red Lip Salve	145	Tip Top	269
Ree's Cholera Mixture	239	Toilet Preparations	135, 286
Reld's Dentifrice	174	Tolu, Rock and Rye	299
Restoratives	278	Townsend's Pills	236
Revalenta Food	297	Trafton's Balm	299
Rex Magnus	297	Trask's Ointment	277
Rheumatism Cure	14, 270	Triumph Corn Plaster	242
Ripam's Tablets	285	Tropic Fruit Laxative	236
Richmond's Nervine	230	Vacuum Treatment	142
Roche's Embrocation	297	Van Buskirk's Sozodont	175
Roger's Anti-Neuralgia Pills	230	Vegetable Treatment for Syphi- lis	116
Roger's Corn Cure	242	Vermifuges	289
Rose Dentoline	176	Viavi	127
Rose Dentifrice	180	Walker's Bitters	284
Rubicreme	179	Warner's Safe Cure	273
Russell's Botanic King	227	Washburne's Salicylica	272
Russia Salve	277	Watt's Rheumatic Pills	272
Rushmere Dentifrice	176	Wayne's Diuretic Elixir	273
Sage's Catarrh Remedy	241	Wei De Meyer's Catarrh Cure	241
Sanford's Catarrh Cure	241	Wheelock's Cough Mixture	253
Saul's Catarrh Cure	240	White's Elixir	253
Schenck's Pulmonic Syrup	251	Williams' Pink Pills	284
Scotch Oats Essence	284	Wilson's Liniment	269
Sea-Shore Diphtheria Cure	297	Winslow's Soothing Syrup	231
Secret Prescription Writing	210	Wistar's Balsam	253
Seeley's Pile Ointment	277	Witch-Hazel Ointment	278
Senckenburg's Migraine Pas- tilles	231	Wolcott's Pain Paint	270
Sexual Indifference	129	Woolford's Sanitary Lotion	300
Seven Barks	297	Yellow Family Drops	300

